


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001085**

1. Entity Name  
**COLONNADE MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O COLONIAL SQUARE REALTY, INC.  
 1164 GOODLETTE ROAD  
 NAPLES, FL 34102**

Mailing Address  
**C/O COLONIAL SQUARE REALTY  
 P.O. BOX 10608  
 NAPLES, FL 34101**

**DO NOT WRITE IN THIS SPACE**



04052008 No Chg-NP CR2E037 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>76-0715513</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$6.75</b> Additional Fee Required |

8. Name and Address of Current Registered Agent

**OLSON, CLIFFORD A  
 P.O. BOX 10608  
 NAPLES, FL 34101**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MURRAY, PAUL PRES<br>227 SILVERADO DRIVE<br>NAPLES, FL 34119 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GLOGAU, KURT VP<br>4722 NAVASSA LANE<br>NAPLES, FL 34119     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ZAMPELL, MARC ST<br>4951 TAMiami TR. #11<br>NAPLES, FL 34103 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

UD00000516042  
 04/29/06-80234-014 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **4/5/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Paul Murray** Date Daytime Phone #