

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001085

FILED
Apr 10, 2009
Secretary of State

Entity Name: COLONNADE MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O MOORE PROPERTY MGMT
745 12TH AVE S #AA
NAPLES, FL 34102

New Principal Place of Business:

27180 BAY LANDING DRIVE
STE 4
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

C/O MOORE PROPERTY MGMT
745 12TH AVE S #AA
NAPLES, FL 34102

New Mailing Address:

27180 BAY LANDING DRIVE
STE 4
BONITA SPRINGS, FL 34135 US

FEI Number: 76-0715513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT, LLC
745 12TH AVE S. #AA
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

STERLING PROPERTY SERVICES
27180 BAY LANDING DRIVE
STE 4
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: JOHN O'GORMAN, CAM

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURRAY, PAUL
Address: 227 SILVERADO DRIVE
City-St-Zip: NAPLES, FL 34119 US

Title: DV () Delete
Name: OAKES, GLENN
Address: 1616 OAKES RD
City-St-Zip: RACINE, WI 53406 US

Title: D () Delete
Name: ZAMPELL, MARC ST
Address: 4951 TAMIAMI TR. #11
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: OAKES, GLENN
Address: 1616 OAKES RD
City-St-Zip: RACINE, WI 53406 US

Title: DV (X) Change () Addition
Name: ZAMPELL, MARC ST
Address: 4951 TAMIAMI TR. #11
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MURRAY

DP

04/10/2009

Electronic Signature of Signing Officer or Director

Date