

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90037 050 ****61.25

DOCUMENT # N23585



1. Entity Name
 COLONIAL SQUARE OF NAPLES, INC.

Principal Place of Business
 COLONIAL SQUARE REALTY
 1164 GOOLETTE RD
 NAPLES, FL 34102

Mailing Address
 COLONIAL SQUARE REALTY
 P O BOX 10608
 NAPLES, FL 34101

60024925



Principal Place of Business - No P.O. Box #

Goodlette Road

3. Mailing Address

Suite, Apt. #, etc.

03192008 Chg-NP CR2E037 (12/06)

City & State

Naples, FL

City & State

4. FEI Number
 65-0030123

Applied For
 Not Applicable

Zip
 34102

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAMPIER, CHERYL KRAUS
 1072 GOODLETTE RD
 NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name *Colonial Square Realty*
 Street Address (P.O. Box Number is Not Acceptable) *1045 Goodlette Rd, Suite 201*
 City *Naples* FL Zip Code *34102*

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 *[Signature]* *Clifford Olson* 4/7/08
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
STD	PHILLIPS, RAY	1064 GOODLETTE RD	NAPLES, FL 34102	<input type="checkbox"/>	<input type="checkbox"/>
VD	WOODWARD, MARK	1040 GOODLETTE RD.	NAPLES, FL 34102	<input type="checkbox"/>	<input type="checkbox"/>
PD	WALTZER, JOEL	1108 GOODLETTE RD.	NAPLES, FL 34102	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 the 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Clifford Olson* 4/7/08 239-261-2627
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #