

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23585

FILED
Mar 24, 2009
Secretary of State

Entity Name: COLONIAL SQUARE OF NAPLES, INC.

Current Principal Place of Business:

GOODLETTE ROAD
NAPLES, FL 34102

New Principal Place of Business:

1000 GOODLETTE ROAD
NAPLES, FL 34102

Current Mailing Address:

COLONIAL SQUARE REALTY
1045 GOODLETTE RD, SUITE 201
NAPLES, FL 34102

New Mailing Address:

COLONIAL SQUARE REALTY
P.O. BOX 10608
NAPLES, FL 34101

FEI Number: 65-0030123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMPIER, CHERYL KRAUS
1072 GOODLETTE RD
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

COLONIAL SQUARE REALTY, INC.
1048 GOODLETTE ROAD
SUITE 201
NAPLES, FL 34102 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: CLIFFORD OLSON

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: PHILLIPS, RAY
Address: 1064 GOODLETTE RD
City-St-Zip: NAPLES, FL 34102

Title: VD () Delete
Name: WOODWARD, MARK
Address: 1040 GOODLETTE RD.
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: WALTZER, JOEL
Address: 1108 GOODLETTE RD.
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PHILLIPS, RAY
Address: 1164 GOODLETTE RD
City-St-Zip: NAPLES, FL 34102

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

Title: STD (X) Change () Addition
Name: ZAVADA, ROBERT
Address: 1056 GOODLETTE RD.
City-St-Zip: NAPLES, FL 34102

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: ROBERT ZAVADA

STD

03/24/2009

Electronic Signature of Signing Officer or Director

Date