

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005800

1. Entity Name
THE COLONIAL BUILDING 1 OF NAPLES ASSOCIATION,
INC.



Principal Place of Business

1172 GOODLETTE RD
NAPLES, FL 34102

Mailing Address

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



04132005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0829035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, THOMAS R
2660 AIRPORT ROAD SOUTH
NAPLES, FL 34112

**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

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MURPHY, BILL
STREET ADDRESS 1164 GOODLETTE RD
CITY-ST-ZIP NAPLES, FL 34102

TITLE VPD
NAME O'DEA, JACK
STREET ADDRESS 1164 GOODLETTE RD
CITY-ST-ZIP NAPLES, FL 34102

TITLE STD
NAME OLSON, CLIFFORD
STREET ADDRESS 1164 GOODLETTE RD
CITY-ST-ZIP NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

U000000316460
04/19/05-80076-024 \$1.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Clifford Olson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

Daytime Phone #