## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9700005800

1. Entity Name

## THE COLONIAL BUILDING 1 OF NAPLES ASSOCIATION, I



## **FILED** Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 90115 022 \*\*\*\*61.25

NC.										
Principal Place of Business Mail				ing Address		<u>,                                      </u>				
1164 GOODLETTE ROAD NAPLES FL 34102			C/O COLONIAL SQUARE REALTY P.O BOX 10608 NAPLES FL 34101			. * *.			. #	
2 Oringinal I	Diana of Dunie		10.44							
2. Principal F	Place of Busir	iess	3. Ma	alling Address						
Suite, Apt. #, etc.			s	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4. FEI Number 65-0829035 Applied For Not Applicable			
Zip Country			Z	lip	Col	untry	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
550454	T101110					Name				
BROWN, THOMAS R 2660 AIRPORT ROAD SOUTH						Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34112										
				City			FL Zip Code			
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.										
line obligat	tions or regist	ered agent.			•					
SIGNATURE .		,								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE										
FILE NOW: FEE IS \$61.25  9. Election C Trust Fund						~ —	\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of S	
10.	OFFICERS AND DIREC			 3	11.	.,	ADDITIONS/CHANGES	S TO OFFICERS AND (	DIRECTORS IN	110
TITLE	PD			☐ Delete			·		☐ Change	☐ Addition
NAME STREET ADDRESS	OLSON, CLIFFORD			NAM		- 1				
CITY-ST-ZIP	SS   1020 GOODLETTE RD., STE, 200 NAPLES FL 34102					ET ADDRESS -ST-ZIP				
TITLE	STD			☐ Delete	TITLE	:	***		☐ Change	☐ Addition
NAME	BROWN, T				NAM	l l				
STREET ADDRESS CITY-ST-ZIP	2660 AIRP   Naples F	ORT ROAD SOUTH				ET ADDRESS -ST-ZIP				Ì
TITLE	VASD	L 34112		☐ Delete	TITLE				☐ Change	Addition
NAME	BURTON,			bosto	NAM				onango	
STREET ADDRESS CITY-ST-ZIP		ORT ROAD SOUTH		<b></b>		ET ADDRESS ST-ZIP	· · · · · ·	i mayaran da		[
TITLE	NAPLES F	L 34112		☐ Delete	TITLE		<u></u>		Channa	☐ Addition
NAME				L Delete	NAMI	1			☐ Change	☐ Addition
STREET ADDRESS	i					ET ADDRESS				İ
CITY-ST-ZIP					+-	-ST-ZIP				
TITLE NAME				☐ Delete	TITLE	<b>I</b>			☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,			CITY-	ST-ZIP				
TITLE				☐ Delete	TITLE	l I			☐ Change	☐ Addition
NAME STREET ADDRESS					NAME STREE	ET ADDRESS				
CITY-ST-ZIP					-	ST-ZIP				
12 I horoby o	L	information according with	alada Kilia a							

indicated on this report or 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:

المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية

3/14/03

(229)261-2627