


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90046 021 ****61.25

DOCUMENT # N99000006729 1. Entity Name THE COLONIAL BUILDING 2 OF NAPLES ASSOCIATION, INC.	
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Principal Place of Business COLONIAL SQUARE REALTY 1164 GOODLETTE ROAD NAPLES, FL 34102	Mailing Address c/o COLONIAL SQUARE REALTY PO BOX 10608 NAPLES, FL 34101
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94060530



02262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1004511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, CLIFFORD 1140 GOODLETTE RD NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, THOMAS R 2660 AIRPORT ROAD SOUTH NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, JOAN M 2660 AIRPORT ROAD SOUTH NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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 4-7-04 239-261-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #