

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006729

1. Entity Name
THE COLONIAL BUILDING 2 OF NAPLES ASSOCIATION,
INC.



Principal Place of Business
COLONIAL SQUARE REALTY
1164 GOODLETTE ROAD
NAPLES, FL 34102

Mailing Address
C/OCOLONIAL SQUARE REALTY
PO BOX 10608
NAPLES, FL 34101



DO NOT WRITE IN THIS SPACE

04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1004511

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 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/05-80067-024 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford Olson

Date

Daytime Phone #

4/14/05