



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 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 34107	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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		4/12/06 Date Daytime Phone #



04052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-1004511

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

000000514145
04/29/06-80159-019 61.25

**DO NOT WRITE
IN THIS SPACE**