2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

					Secretary of State			
DOCUMENT # N9900006729 1. Entity Name THE COLONIAL BUILDING 2 OF NAPLES ASSOCIATION, INC.							00038 023 ****61	
COLONIAL SQUARE REALTY C 1164 GOODLETTE ROAD P		Mailing Address C/OCOLONIAL SQUARE REALTY PO BOX 10608 NAPLES, FL 34101)	6002495		
	Place of Business - No P.O. Box # Goodle He Road	3. Mailing Address	s. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03192008	Chg-NP	CR2E037 (12/06)	
City & Stat	Ples FL	City & State			4. FEI Number Applied For 65-1004511 Not Applicable			
Zip 34	Country USA	Zip	Country		5. Certificate of	f Status Desired	□ \$8.75 Ac Fee Requir	Iditional ed
	6. Name and Address of Current R	legistered Agent			7. Name and A	ddress of New R	Registered Agent	
	THOMAS R PORT ROAD SOUTH FL 34112		Street A		O. Box Number	Squar is NOT Acceptable	d Suik 2	52NC
				1/0	oles		FL. Zip Co	de
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 CIFFORD DESCRIPTION OF SIgnature, typical pic purified 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, 2008		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Florida Department of State			
10.	OFFICERS AND DIRE		11.	ΑC	DDITIONS/CHAI	NGES TO OFFICE	RS AND DIRECTORS I	N 10
NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, CLIFFORD 1140 GOODLETTE RD NAPLES, FL 34102	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, COREY 1000 GOODLETTE RD #100 NAPLES, FL 34102	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYANALAND, BRETT 17097 NORTHWAY CIRCLE #200 NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STA- 1000 Nag	NALAN Goodle Nes, FL	O BRET HE ROOM 34102	A enange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		· Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	
TITLE		☐ Delete	TITLE NAME				☐ Change	Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08

Daytime Phone #