

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006729

FILED  
Apr 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1000 GOODLETTE ROAD  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COLONIAL SQUARE REALTY  
PO BOX 10608  
NAPLES, FL 34101

**New Mailing Address:**

C/O COLONIAL SQUARE MGMT GROUP, LLC  
PO BOX 10608  
NAPLES, FL 34101

**FEI Number:** 65-1004511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLONIAL SQUARE REALTY INC  
1048 GOODLETTE RD, SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

COLONIAL SQUARE MGMT GROUP, LLC  
720 GOODLETTE ROAD N.  
FLR 5  
NAPLES, FL 34102 US

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.

**SIGNATURE:** COLONIAL SQUARE MGMT GROUP, LLC

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HOWARD, COREY  
**Address:** 1000 GOODLETTE RD #100  
**City-St-Zip:** NAPLES, FL 34102

**Title:** VPD  
**Name:** STANALAND, BRETT  
**Address:** 1000 GOODLETTE ROAD #200  
**City-St-Zip:** NAPLES, FL 34102

**Title:** STD  
**Name:** OLSON, CLIFFORD  
**Address:** 720 GOODLETTE ROAD N., FLR 5  
**City-St-Zip:** NAPLES, FL 34102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CLIFFORD OLSON

STD

04/12/2012

Electronic Signature of Signing Officer or Director

Date