

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001085

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC9506099282**

**Entity Name:** COLONNADE MEDICAL PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

27180 BAY LANDING DRIVE  
SUITE 4  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

27180 BAY LANDING DRIVE  
SUITE 4  
BONITA SPRINGS, FL 34135 US

**FEI Number: 76-0715513**

**Certificate of Status Desired: No**

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

STERLING PROPERTY SERVICES LLC  
27180 BAY LANDING DRIVE  
SUITE 4  
BONITA SPRINGS, FL 34135 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name GOODLING, PATTI  
Address 27180 BAY LANDING DRIVE  
SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

Title VP  
Name ZAMPELL, MARC  
Address 27180 BAY LANDING DRIVE  
SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

Title DST  
Name BURNSIDE, NATALIE  
Address 27180 BAY LANDING DRIVE  
SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

*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: PATTI GOODLING**

**PRESIDENT**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date