

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725472 (5)
1. Corporation Name
COLONNADES CONDOMINIUM ASSOCIATION NO 7 INC



Principal Place of Business
1140 BAYSHORE DR.
FT. PIERCE FL 34949

Mailing Address
1140 BAYSHORE DR.
FT. PIERCE FL 34949

3. Date Incorporated or Qualified
02/05/1973

3a. Date of Last Report
04/11/1995

4. FEI Number
59-1579478

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

KLEIN, DONALD G.
1151 CARLTON CT #101
FT. PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name
HEINSEN, Virginia

82 Street Address (P.O. Box Number is Not Acceptable)
323 Leeward Land #101

83

84 City
Ft. Pierce

85 Zip Code
FL 34949

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Virginia Heinsen*

February 22, 1996

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DT	VYMOLA, WILLIAM	1172 COMMODORE CT #205	FT PIERCE, FL 00000	<input type="checkbox"/>
DS	SENFT, HELEN	1151 CARLTON CT, APT 102	FT PIERCE, FL 00000	<input checked="" type="checkbox"/>
D	SINCLAIR, ROBERT	1172 COMMODORE CT, APT 105	FT PIERCE, FL 00000	<input type="checkbox"/>
D	LANIER, JAMES	1172 COMMODORE CT #101	FT PIERCE FL	<input type="checkbox"/>
D	WOODS, GLEN	1172 COMMODORE CT., APT. 102	FT PIERCE, FL 00000	<input type="checkbox"/>
D	SENFT, WILLIAM	1151 CARLTON CT #102	FT. PIERCE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia Heinsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 27, 1996 407 465-3967
Date Daytime Phone

CP2E037 (12/95)