

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business <b>1140 BAYSHORE DR. FT. PIERCE FL 34949</b>	Mailing Address <b>1140 BAYSHORE DR. FT. PIERCE FL 34949-3044</b>
---	--

3. Date Incorporated or Qualified <b>02/05/1973</b>	3a. Date of Last Report <b>03/08/1996</b>
--	--

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-1579478</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HEINSSSEN, VIRGINIA 323 LEEWARD LAND #101 FT. PIERCE FL 34949</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
---	---

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VYMOLA, WILLIAM</b>		1.2 NAME	
STREET ADDRESS <b>1172 COMMODORE CT #205</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT PIERCE, FL 00000</b>		1.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KLEIN, DONALD G.</b>		2.2 NAME <b>FRED WRATHER</b>	
STREET ADDRESS <b>1151 CARLTON CT #101</b>		2.3 STREET ADDRESS <b>1172 COMMODORE CT., # 206</b>	
CITY-ST-ZIP <b>FT PIERCE, FL 00000</b>		2.4 CITY-ST-ZIP <b>FT. PIERCE, FL. 34949</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SINCLAIR, ROBERT</b>		3.2 NAME	
STREET ADDRESS <b>1172 COMMODORE CT, APT 105</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT PIERCE, FL 00000</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>S D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LANIER, JAMES</b>		4.2 NAME	
STREET ADDRESS <b>1172 COMMODORE CT #101</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT PIERCE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>T D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WOODS, GLEN</b>		5.2 NAME <b>BOB HANSEN</b>	
STREET ADDRESS <b>1172 COMMODORE CT., APT. 102</b>		5.3 STREET ADDRESS <b>323 LEEWARD LN., # 201</b>	
CITY-ST-ZIP <b>FT PIERCE, FL 00000</b>		5.4 CITY-ST-ZIP <b>FT. PIERCE, FL. 34949</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>P D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SENFT, WILLIAM</b>		6.2 NAME <b>VIRGINIA HEINSSSEN</b>	
STREET ADDRESS <b>1151 CARLTON CT #102</b>		6.3 STREET ADDRESS <b>323 LEEWARD LN., # 104</b>	
CITY-ST-ZIP <b>FT. PIERCE FL</b>		6.4 CITY-ST-ZIP <b>FT. PIERCE, FL. 34949</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)