


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90013 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 725472					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/05/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1579478	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HEINSSSEN, VIRGINIA 323 LEEWARD LAND #101 FT. PIERCE FL 34949				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 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	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VYMOLA, WILLIAM			1.2 NAME			
STREET ADDRESS	1172 COMMOODORE CT #205			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE, FL 00000			1.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WRATHER, FRED			2.2 NAME	Don Klein		
STREET ADDRESS	1172 COMMODORE CT., #206			2.3 STREET ADDRESS	1172 Commodore Court		
CITY-ST-ZIP	FT PIERCE, FL 00000			2.4 CITY-ST-ZIP	Ft. Pierce, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SINCLAIR, ROBERT			3.2 NAME			
STREET ADDRESS	1172 COMMODORE CT, APT 105			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANIER, JAMES			4.2 NAME			
STREET ADDRESS	1172 COMMODORE CT #101			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SENF, WILLIAM			5.2 NAME			
STREET ADDRESS	1151 CARLTON CT. 102			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL 34949			5.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEINSSSEN, VIRGINIA			6.2 NAME			
STREET ADDRESS	323 LEEWARD LN., #104			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL			6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

03-16-99

Date

571 466 3106

Daytime Phone #

CR2E037 (11/98)