

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725472

1. Entity Name

COLONNADES CONDOMINIUM ASSOCIATION NO 7 INC

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90233 027 ****61.25

Principal Place of Business

Mailing Address

1140 BAYSHORE DR.
FT. PIERCE FL 34949

1140 BAYSHORE DR.
FT. PIERCE FL 34949-3044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1579478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEINSSSEN, VIRGINIA
323 LEEWARD LAND #101
FT. PIERCE FL 34949

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VYMOLA, WILLIAM	
STREET ADDRESS	1172 COMMODORE CT #205	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, DON	
STREET ADDRESS	1172 COMMODORE CT	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANIER, JAMES	
STREET ADDRESS	1172 COMMODORE CT #101	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEINSSSEN, VIRGINIA	
STREET ADDRESS	323 LEEWARD LN., #104	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fessel, Pat	
STREET ADDRESS	1172 Commodore CT #106	
CITY-ST-ZIP	FT Pierce FL 34949	
TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred Wrother	
STREET ADDRESS	1172 Commodore CT #206	
CITY-ST-ZIP	FT Pierce, FL 34949	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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, trustee, empowerer, to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred Wrother* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/13/99

CR2E037 (9/99)