

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 APR 11 PM 9:46

DOCUMENT # 727929 (2)
 1. Corporation Name
COLONNADES CONDOMINIUM ASSOCIATION NO. 8, INC.

Principal Place of Business 1140 BAYSHORE DR FT PIERCE FL 34949	Mailing Address 1140 BAYSHORE DR FT PIERCE FL 34949
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1973	3a. Date of Last Report 04/22/1994
4. FEI Number 59-1576785	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
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.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent
GALLAGER, JAMES
1188 COMMERCE CT., APT. 206
FT PIERCE FL 34949

10. Name and Address of New Registered Agent
81 Name SKVARCH, HELEN
82 Street Address (P.O. Box Number is Not Acceptable) 1181 CARLTON CT #204
83
84 City FT PIERCE FL 85 Zip Code 34949

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE *Helen Skvarch* (Signature, typed or printed name of registered agent first into if applicable.) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLAGHER, JAMES 1188 COMMODORE CT., #206 FT PIERCE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD SKVARCH, HELEN 1181 CARLTON CT #204 FT PIERCE FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ANDREW 1188 COMMODORE CT., #101 FT PIERCE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD SMITH, KEN 1188 COMMODORE CT #204 FT PIERCE FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, MARJORIE 1188 COMMODORE CT. 202 FT PIERCE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKVARCH, HELEN 1181 CARLTON CT #204 FT PIERCE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD ROUFKE, FLORENCE 1181 CARLTON CT #203 FT PIERCE FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARPELLI, MARY 1188 COMMODORE CT., #201 FT PIERCE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D MORENCY, WALTER 1181 CARLTON CT #205 FT PIERCE FL ☐ Change ☒ Addition

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Helen Skvarch, Pres.* 3/1/95 461-5310
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Helen Skvarch