

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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
---	---

3. Date Incorporated or Qualified
11/02/1973

4. FEI Number 59-1576785	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**SKVARCH, HELEN
1811 CARLTON CT #204
FT. PIERCE FL 34949**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Helen Skvarch* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS/DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SKVARCH, HELEN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1181 CARLTON CT #204	1.2 NAME	
STREET ADDRESS	FT PIERCE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD JOHNSON, ANDREW	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1181 CARLTON CT #101	2.2 NAME	
STREET ADDRESS	FT PIERCE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD SMITH, MARJORIE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1188 COMMODORE CT. 202	3.2 NAME	
STREET ADDRESS	FT PIERCE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD WAGNER, CINDY	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1188 COMMODORE CT #205	4.2 NAME	
STREET ADDRESS	FT PIERCE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SCARPELLI, MARY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1188 COMMODORE CT., #201	5.2 NAME	
STREET ADDRESS	FT PIERCE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

T/D

VP/D

D
BILL MITCHELL
1181 CARLTON CT, 206
FT PIERCE FL 34949

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.

SIGNATURE: *Helen Skvarch* DATE: *4/22/98* Daytime Phone # 0071852

CR2E037 (10/97)