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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727929

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

11/02/1973

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

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

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

TITLE PD
NAME SKVARCH, HELEN
STREET ADDRESS 1181 CARLTON CT #204
CITY-ST-ZIP FT PIERCE FL ☐ DELETE

TITLE TD
NAME JOHNSON, ANDREW
STREET ADDRESS 1181 CARLTON CT #101
CITY-ST-ZIP FT PIERCE FL ☒ DELETE

TITLE SD
NAME SMITH, MARJORIE
STREET ADDRESS 1188 COMMODORE CT. 202
CITY-ST-ZIP FT PIERCE FL ☐ DELETE

TITLE VPD
NAME WAGNER, CINDY
STREET ADDRESS 1188 COMMODORE CT #205
CITY-ST-ZIP FT PIERCE FL ☐ DELETE

TITLE D
NAME MITCHELL, BILL
STREET ADDRESS 1181 CARLTON CT., #206
CITY-ST-ZIP FT. PIERCE FL 34949 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME Carron Keenen
2.3 STREET ADDRESS 1181 Carlton Court
2.4 CITY-ST-ZIP Ft. Pierce, FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VPD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR25037 (11/98)