

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727929

1. Entity Name

COLONNADES CONDOMINIUM ASSOCIATION NO. 8, INC.

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

04-18-2000 90233 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1140 BAYSHORE DR  
 FT PIERCE FL 34949

1140 BAYSHORE DR  
 FT PIERCE FL 34949-3044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1576785

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name *Cindy B. Wagner*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1188 Commodore Ct #205*  
 City *Fort Pierce* FL Zip Code *34949*

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 *Cindy B. Wagner, Pres.*

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	VPD	<input type="checkbox"/> Delete
NAME	SKVARCH, HELEN	
STREET ADDRESS	1181 CARLTON CT #204	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KENNEN, CARRON	
STREET ADDRESS	1181 CARLTON CT #101	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, MARJORIE	
STREET ADDRESS	1188 COMMODORE CT. 202	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WAGNER, CINDY	
STREET ADDRESS	1188 COMMODORE CT #205	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, BILL	
STREET ADDRESS	1181 CARLTON CT., #208	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE		<input type="checkbox"/> Delete
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		
TITLE	<i>Sec/Treas/Dir</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Marjorie Smith</i>	
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 or trustee empowered 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: *Cindy B. Wagner* (Cindy B. Wagner) 1/25/2010 561-461-2509  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)