


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 727929
 1. Entity Name
COLONNADES CONDOMINIUM ASSOCIATION NO. 8, INC.



Principal Place of Business Mailing Address
 1140 BAYSHORE DR 1140 BAYSHORE DR
 FT PIERCE FL 34949 FT PIERCE FL 34949

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-1576785 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORNETT, JANE L ESQ
 CORNETT, GOUGE & ASSOCIATES PA
 401 E OSCEOLA STREET
 STUART FL 34994**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKVARCH, HELEN 1181 CARLTON CT #204 FT PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUCKER, JOAN 1181 CARLTON CT 204 FORT PIERCE FL 34949-3003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, BILL 1181 CARLTON CT., #206 FT. PIERCE FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, NANCY 1181 CARLTON CT # 206 FORT PIERCE FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000208490
 02/01/05-80085-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joan Tucker - Vice Pres* **JOANTUCKER** 1/28/05 464-3094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #