


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90021 049 ****61.25

DOCUMENT # **727929**

1. Entity Name
**COLONNADES CONDOMINIUM
ASSOCIATION NO. 8, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1140 BAYSHORE DR

3. Mailing Address
1140 BAYSHORE DR

Suite, Apt. #, etc.
FT

40120802

DO NOT WRITE IN THIS SPACE

City & State
FT PIERCE, FL

City & State
FT PIERCE, FL

Zip
34949

Country
ST. LUCIE

Zip
34949

Country
ST. LUCIE

4. FEI Number
59-1576785

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CORNETT, JANE L ESQ

Street Address (P.O. Box Number is Not Acceptable)
CORNETT, GOGG & ASSOCIATES PA

401 E. OSCEOLA ST

City
STUART

State
FL

Zip Code
34994

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 _____ DATE _____

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

**FEE IS \$61.25
Initial or Amended UBR**

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOCK, CHUCK 1188 COMMODORE CT #103 FT PIERCE, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEFAN, ERNIE 1188 COMMODORE CT #106	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEHEMAN, GEORGE 1181 CARLTON CT #202 FT PIERCE, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSEMARIE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLONICH PAUL 1181 CARLTON CT #105 FT PIERCE, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATTERSON, ROSEMARIE 1188 COMMODORE CT #101 FT PIERCE, FL 34949	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: George Heheman **GEORGE HEHEMAN** 6/8/07 904 386-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Use Form Proton #

CR2E037B (12/02)

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

ATTACHMENT

DOCUMENT # 727929
 1. Entity 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

1-40120802

05302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1576785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORNETT, JANE L ESQ
 CORNETT, GOOGE & ASSOCIATES PA
 401 E OSCEOLA STREET
 STUART, FL 34994

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOCK, CHUCK 1188 COMMODORE CT # 103 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUCKER, JOAN 1188 COMMODORE CT, # 203 FORT PIERCE, FL 349493003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEFAN, ERNIE 1188 COMMODORE CT # 106 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEHEMAN, GEORGE 1181 CARLTON CT # 202 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHERRIN, PHIL 1181 CARLTON CT # 102 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLONICH, PAUL 1181 CARLTON CT # 105 FORT PIERCE, FL 34949

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR