FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:46

DOCUMENT # **743099** **(4)**

1. Corporation Name

COLONNADES MANAGEMENT, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1831924 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

VERDONIK, JOHN J
1133 BAYSHORE DR
#104
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE		☐ Change ☐ Addition
NAME	SKVARCH, HELEN	1.2 NAME		
STREET ADDRESS	1181 CARLTON CT #204	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	VERDONIK, JOHN	2.2 NAME		
STREET ADDRESS	1133 BAYSHORE DR #104	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	GATES, HAROLD	3.2 NAME		
STREET ADDRESS	1225 CARLTON T #101	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	PATTERSON, JIM	4.2 NAME	GRACE WARREN	
STREET ADDRESS	1223 BAYSHORE DR #204	4.3 STREET ADDRESS	1223 Bayshore Dr #304	
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	FT PIERCE FL	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	GALLAGHER, JIM	5.2 NAME	DIANA FILACCHIONE	
STREET ADDRESS	1188 COMMODORE CT #208	5.3 STREET ADDRESS	1200 Colonnades DR #201	
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ President 4/28/95 407-465-9574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John J. Verdonik

00209P