

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90013 040 \*\*\*\*61.25

DOCUMENT # 743099

1. Corporation Name

COLONNADES MEMBERS 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.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/01/1978

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

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 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 SD ☒ DELETE  
NAME SKVARCH, HELEN  
STREET ADDRESS 1181 CARLTON CT #204  
CITY-ST-ZIP FT PIERCE FL

TITLE PD ☐ DELETE  
NAME VERDONIK, JOHN  
STREET ADDRESS 1133 BAYSHORE DR #104  
CITY-ST-ZIP FT PIERCE FL

TITLE VP ☐ DELETE  
NAME GATES, HAROLD  
STREET ADDRESS 1225 CARLTON T #101  
CITY-ST-ZIP FT PIERCE FL

TITLE VPD ☐ DELETE  
NAME WARREN, GRACE  
STREET ADDRESS 1223 BAYSHORE DR #304  
CITY-ST-ZIP FT PIERCE FL

TITLE TD ☐ DELETE  
NAME HEINSEN, VIRGINIA  
STREET ADDRESS 323 LEEWARD LN., #104  
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☐ Change ☒ Addition  
1.2 NAME Peggy Barstow  
1.3 STREET ADDRESS 1323 Bayshore A-5  
1.4 CITY-ST-ZIP Ft. Pierce, FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE SD ☒ 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 #

CR2E037-(11/98)