

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90109 046 ****61.25

DOCUMENT # 743099

1. Entity Name

COLONNADES MEMBERS 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

4. FEI Number Applied For
59-1831924 Not Applicable



DO NOT WRITE IN THIS SPACE

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

VERDONIK, JOHN J
1133 BAYSHORE DR
#104
FT. PIERCE FL 34949

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.

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VERDONIK, JOHN 1133 BAYSHORE DR #104 FT PIERCE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CUSTER, DALE 1223 BAYSHORE DRIVE #107 FORT PIERCE FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARREN, GRACE 1223 BAYSHORE DR #304 FT PIERCE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEINSEN, VIRGINIA 323 LEEWARD LN., #104 FT. PIERCE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP BARSTOW, PEGGY 1323 BAYSHORE DR #A-5 FORT PIERCE FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 of 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

CR2E037 (9/01)