


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90006 022 ****61.25

DOCUMENT # 743099

1. Entity Name
COLONNADES MEMBERS INC.



44046573

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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03062003 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1831924

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Jane L. Cornett, Esq.**
 Street: **Cornett, Gooch + Associates P.A.**
401 E. Osceola Street
 City: **Stuart, FL 34994**

8. The above named entity submits this statement for the purpose of changing its registered office with, and accept the obligations of registered agent.

SIGNATURE:  **Jane L. Cornett** DATE: **6/3/04**

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

Filing Fee is \$61.25
Due by September 8, 2004

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	<input checked="" type="checkbox"/> Delete
PD	VERDONIK, JOHN	1133 BAYSHORE DR #104	FT PIERCE, FL	<input checked="" type="checkbox"/>
ZVD	CUSTIS, DALE	1223 BAYSHORE DRIVE #107	FORT PIERCE, FL 34949	<input checked="" type="checkbox"/>
SD	WARREN, GRACE	1223 BAYSHORE DR #304	FT PIERCE, FL	<input checked="" type="checkbox"/>
TD	HEINSSSEN, VIRGINIA	323 LEEWARD LN., #104	FT. PIERCE, FL	<input checked="" type="checkbox"/>
1VD	BARSTOW, PEGGY	1323 BAYSHORE DR #A-5	FORT PIERCE, FL 34949	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	MITCHELL, BILL	1181 CARLTON CT	FT. PIERCE FL 34949	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1ST VICE PRES - 1VD	GRABNIK, THEODORE	1223 BAYSHORE FT PIERCE FL.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND VICE PRES - 2VD	GREGOIRE, NEIL	1153 BAYSHORE DR	FT PIERCE FL 34949	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	KRAFT, BEVERLY	1223 BAYSHORE DR	FT PIERCE FL 34949	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	WEATHER, FRED	1172 Commodore Ct #206	FT. PIERCE FL. 34949-302	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **FREAS.** DATE: **05/27/04** DAYTIME PHONE #: **772-466-3106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #