

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 743099

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

CORNETT, JANE L ESQ
CORNETT, GOOGE & ASSOCIATES P.A.
401 E. OSCEOLA STREET
STUART FL 34994

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 PD ☐ Delete
NAME MITCHELL, BILL
STREET ADDRESS 1181 CARLTON CT.
CITY- ST- ZIP FORT PIERCE FL 34949

TITLE 1VP ☐ Delete
NAME GRABIAK, THEODORE
STREET ADDRESS 1223 BAYSHORE DR
CITY- ST- ZIP FORT PIERCE FL 34949

TITLE 2VP ☐ Delete
NAME GREGOIRE, NEIL
STREET ADDRESS 1153 BAYSHORE DRIVE
CITY- ST- ZIP FORT PIERCE FL 34949

TITLE SD ☐ Delete
NAME KRAFT, BEVERLY
STREET ADDRESS 1223 BAYSHORE DR.
CITY- ST- ZIP FORT PIERCE FL 34949

TITLE TD ☐ Delete
NAME WRATHER, FRED
STREET ADDRESS 1172 COMMODORE CT., #206
CITY- ST- ZIP FORT PIERCE FL 34949

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000220165
CITY- ST- ZIP 02/08/05-80051-024 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 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 #