

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743099

**Entity Name:** COLONNADES MEMBERS INC.**Current Principal Place of Business:**1140 BAYSHORE DR  
FT PIERCE, FL 34949**Current Mailing Address:**1140 BAYSHORE DR  
FT PIERCE, FL 34949**FEI Number:** 59-1831924**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERDEW, LUCILLE D  
1140 BAYSHORE DRIVE  
FT. PIERCE, FL 34949 US*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:** LUCILLE D PERDEW

02/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | STEPHENS, JIM        |
| Address         | 1140 BAYSHORE DRIVE  |
| City-State-Zip: | FORT PIERCE FL 34949 |

|                 |                      |
|-----------------|----------------------|
| Title           | 1VPD                 |
| Name            | GERKEN, ROB          |
| Address         | 1140 BAYSHORE DRIVE  |
| City-State-Zip: | FORT PIERCE FL 34949 |

|                 |                    |
|-----------------|--------------------|
| Title           | 2VPD               |
| Name            | REABOLD, TOM       |
| Address         | 1140 BAYSHORE DR   |
| City-State-Zip: | FT PIERCE FL 34949 |

|                 |                       |
|-----------------|-----------------------|
| Title           | T                     |
| Name            | O'BRIEN, DAN          |
| Address         | 1153 BAYSHORE DR #103 |
| City-State-Zip: | FORT PIERCE FL 34949  |

|                 |                    |
|-----------------|--------------------|
| Title           | S, SECRETARY       |
| Name            | BEECH, DEBRA       |
| Address         | 1140 BAYSHORE DR   |
| City-State-Zip: | FT PIERCE FL 34949 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JIM STEPHENS

PRESIDENT

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date