

2013 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:**CORNETT, JANE LESQ
CORNETT, GOOGE & ASSOCIATES P.A.
401 E. OSCEOLA STREET
STUART, FL 34994 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BERCIER, RUSSELL
Address	1223 BAYSHORE DR # 203
City-State-Zip:	FORT PIERCE FL 34949

Title	1VPD
Name	NIXON, JIM
Address	1177 BAYSHORE DR # 103
City-State-Zip:	FORT PIERCE FL 34949

Title	2VPD
Name	OYLER, MIKE
Address	1133 BAYSHORE DRIVE 101
City-State-Zip:	FORT PIERCE FL 34949

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

Title	S
Name	CRAFT, BEVERLY
Address	1223 BAYSHORE DRIVE #106
City-State-Zip:	FORT 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: DAN O'BRIEN**TREASURER****01/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date