

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:46**

DOCUMENT # 717422 (0)

1. Corporation Name

COLONNADES CONDOMINIUM ASSOCIATION NO. 1, INC.

Principal Place of Business

Mailing Address

**1140 BAYSHORE DR
FT PIERCE FL 34949**

**1140 BAYSHORE DR
FT PIERCE FL 34949**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1969

3a. Date of Last Report

04/22/1994

4. FEI Number

59-1537179

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LITTLE, WAYNE
1323 BAYSHORE DR.
STE A7
FT PIERCE FL 34949**

81 Name

SWANN, OSCAR

82 Street Address (P.O. Box Number is Not Acceptable)

1323 Bayshore Dr #3

83

84 City

Ft Pierce FL

FL

85 Zip Code

34949

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

Pres
(NOTE: Registered agent signature required when reinstating)

DATE

2-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LITTLE, WAYNE
STREET ADDRESS	1323 BAYSHORE DR., #7
CITY - ST - ZIP	FT PIERCE, FL 00000
TITLE	D
NAME	BURCHFIELD, JACK
STREET ADDRESS	1309 BAYSHORE DR., #8
CITY - ST - ZIP	FT PIERCE, FL 00000
TITLE	D
NAME	PURDY, ROLLAND
STREET ADDRESS	1323 BAYSHORE DR. #2
CITY - ST - ZIP	FT PIERCE, FL 00000
TITLE	D
NAME	KLINE, RAY
STREET ADDRESS	1325 BAYSHORE DR #8
CITY - ST - ZIP	FT. PIERCE FL
TITLE	D
NAME	RICHARDS, W.J.
STREET ADDRESS	1309 BAYSHORE DR #5
CITY - ST - ZIP	FT. PIERCE FL
TITLE	S
NAME	CARR, FRANK
STREET ADDRESS	1315 BAYSHORE DR #2
CITY - ST - ZIP	FT. PIERCE FL

1.1 TITLE	VP	☒ Change ☐ Addition
1.2 NAME	LITTLE WAYNE	
1.3 STREET ADDRESS	1323 Bayshore Dr #7	
1.4 CITY - ST - ZIP	Ft Pierce FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	GASTINEAU, HILDA	
3.3 STREET ADDRESS	1315 Bayshore Dr #1	
3.4 CITY - ST - ZIP	Ft Pierce FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	S	☒ Change ☐ Addition
6.2 NAME	MARION CARR	
6.3 STREET ADDRESS	1315 Bayshore Dr #2	
6.4 CITY - ST - ZIP	Ft Pierce FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Oscar Swann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oscar Swann

Pres

2-27-95

Date

461-8460

Daytime Phone #