FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

717422

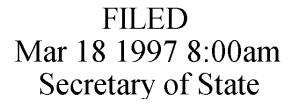
(0)

COLONNADES CONDOMINIUM ASSOCIATION NO. 1, INC.

Principal Place of Business										
1140 BAYSHORE DR										

Mailing Address

1140 BAYSHORE DR FT PIERCE FL 34949-3044





							3. Date Incorporated or Qualified 3a. Date 10/23/1969			of Last Report 03/08/1996		
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number			Applied For		
21		26	26				59-1537179			Not Applicable		
Suite, Apt. 6	f, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State				Election Campaign Financing Trust Fund Contribution	ing \$5.00 May Be Added to Fees					
Zip	Country	Z ₁ D	Cou	Country								
24	25 29 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No						
9. Name and Address of Current Registered Agent							10. Name and Address of New Regi	stered A	gent			
				81	Name							
BARSTOW, MARGARET					Street	Addre	ss (P.O. Box Number is Not Acceptable	9)				
1323 BA		-		,,								
APT A-5				83								
FT. PIERCE FL 34949					City			FL	85	Zip C	ode	
Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	Signature, typed or printed name of registered age		Tr: Registere	d Age	nt signature	required	o whon reinstating) ADDITIONS/CHANGES TO OF LICE	DATE DS AND	1/11/21	CLOB	2 161 19	
12.	OFFICERS AN	DELETE	1.1 7:	(T) [40			Z ci		Addition	
TITLE	**	☐ Dtreit				NP	U	- 6	יט קשם	iongo		
NAME	LITTLE, WAYNE		1.2 N									
STREET ADDRESS	1323 BAYSHORE #7				ADDRESS							
CITY-ST-ZIP	FT PIERCE, FL 00000	D DCLETE		ITY-S	7 - ZIP				Cr	2000	Addition	
TITLE		☐ DELETE	21 THL						[ia i i g c	L_I Addition	
NAME	BURCHFIELD, JACK			2.2 NAME								
STREET ADDRESS					REF1 ADDRESS							
CITY-ST-ZIP	FT PIERCE, FL 00000	T BELEVE			ST-ZIP				TY CL	2000	Addition	
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NAME				IAME		•						
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CITY-ST-ZIP					ST-ZIP				N			
TITLE	D	DELETE 4.				TD			A C	nange	Addition	
NAME	KLINE, RAY		4.21	NAME								
STREET ADDRESS	1325 BAYSHORE DR #6		4.3 S	TREET	ADDRESS							
CITY - ST - ZIP	FT. PIERCE FL				1 - ZIP				-		1.186	
TITLE	D	DELETE	5.1 T	ITLE					∐ CI	ange	Modilion	
NAME	GINTERT, JACK		5.2 N	AME								
STREET ADDRESS			5.3 S	TREET	ADDRESS							
CITY-ST-ZIP	FT. PIERCE FL		5.4 0	ITY-S	I - ZIP	<u> </u>						
TITLE	<u> </u>	DELETE	6.1 T	ITLE		30	·		X I Ci	nange	Addition	
NAME	CARR, MARION		62 N	IAME				,				
STREET ADDRESS	1315 BAYSHORE DR #2		635	TREET	ADDRESS							
CITY-ST-ZIP	FT. PIERCE FL		640)ITY- \$	ST - ZIP							
		d with this filing does not qual				tated	in Section 119.07(3)(i), Florida Statutes.	I further	certif	v that	the	

1. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 offect as infact 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 or an autochment with an address.