FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State
04-07-1999 90013 041 ****61.25

DOCUMENT # 717422

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/23/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1537179 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BARSTOW, MARGARET
1323 BAYSHORE DR
APT A-5
FT. PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LITTLE, WAYNE		1.2 NAME		
STREET ADDRESS	1323 BAYSHORE #7		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURCHFIELD, JACK		2.2 NAME		
STREET ADDRESS	1309 BAYSHORE DR., #8		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 00000		2. 4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARSTOW, MARGARET		3.2 NAME		
STREET ADDRESS	1323 BAYSHORE A-5		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 00000		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KLINE, RAY		4. 2 NAME		
STREET ADDRESS	1325 BAYSHORE DR #6		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GINTERT, JACK		5.2 NAME		
STREET ADDRESS	1323 BAYSHORE DR, A-1		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CARR, MARION		6.2 NAME		
STREET ADDRESS	1315 BAYSHORE DR #2.		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Margaret Barstow **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)