

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717422

1. Entity Name

COLONNADES CONDOMINIUM ASSOCIATION NO. 1, INC.

Principal Place of Business

1140 BAYSHORE DR
FT PIERCE FL 34949

Mailing Address

1140 BAYSHORE DR
FT PIERCE FL 34949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1537179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME LITTLE, WAYNE
STREET ADDRESS 1323 BAYSHORE #7
CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BURCHFIELD, JACK
STREET ADDRESS 1309 BAYSHORE DR., #8
CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME BARSTOW, MARGARET
STREET ADDRESS 1323 BAYSHORE A-5
CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME KLINE, RAY
STREET ADDRESS 1325 BAYSHORE DR #6
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GINTERT, JACK
STREET ADDRESS 1323 BAYSHORE DR, A-1
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME CARR, MARION
STREET ADDRESS 1315 BAYSHORE DR #2
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90002 020 ****61.25



DO NOT WRITE IN THIS SPACE

7-18-00