2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90001 045 ****61.25

0062891

DOCUMENT # 717422

1. Entity 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

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 1323 Bayshore Dr. A-5 Street Address (P.O. Box Number is Not Acceptable) Ft. Pierce, City **FL** Zip Code 34949

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 Margaret A. Barstow 1-29-01
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	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LITTLE, WAYNE 1323 BAYSHORE #7 FT PIERCE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bob Dietrich Director 1309 Bayshore Dr. Ft. Pierce Fl. 34949	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURCHFIELD, JACK 1309 BAYSHORE DR., #8 FT PIERCE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Director Ed. Dreyer 1323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARSTOW, MARGARET 1323 BAYSHORE A-5 FT PIERCE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD President 1323 Bayshore Dr. Ft. Pierce Fl. 34949	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KLINE, RAY 1325 BAYSHORE DR #6 FT. PIERCE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Secretary 1315 Bayshore Dr. A6 Ft. Pierce Fl. 34949	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GINTERT, JACK 1323 BAYSHORE DR, A-1 FT. PIERCE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Director 1323 Bayshore Dr. Ft. Pierce Fl. 34949	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARR, MARION 1315 BAYSHORE DR #2 FT. PIERCE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Vice President 1315 Bayshore Dr. Ft Pierce	☒ Change ☐ Addition

CR2E037 (10/00)

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: Margaret A. Barstow PRESIDENT 1-29-01 561 465-6807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #