


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90027 021 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1537179	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORNETT, JANE ESQ. 401 EAST OSCEOLA STREET STUART, FL 34944				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGE, ROBERT D 1309 BAYSHORE DRIVE #6 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC HUTCHINSON, RICHARD 1323 BAYSHORE DRIVE #3 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUTCHINSON, LINDA 1323 BAYSHORE DRIVE #3 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM RICHARDS, LOIS 1309 BAYSHORE DRIVE #5 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM DEGRANDIS, JOHN 1315 BAYSHORE DRIVE #4 FT. PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Richard Hutchinson Jr</i>			Date: 1/30/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 772-461-0393		

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATTACHMENT

FILED

07 SEP 18 AM 1:09


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40029508

REINSTATEMENT

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717422

1. Corporation Name

Colonnades Condominium Association
No. 1, Inc.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1140 Bayshore Dr.

1140 Bayshore Dr.

City & State

City & State

Ft. Pierce, FL

Ft. Pierce, FL

Zip

Country

Zip

Country

34949 USA

34949 USA

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

59-1537179

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Jane Cornett, Esq.

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

Suite, Apt. #, Etc.

401 East Osceola Street

City

Stuart

State

Zip Code

FL 34944

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 9-11-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	ROBERT D. GEORGE	1309 BAYSHORE DR. #6	FT. PIERCE FL. 34949
VP	RICHARD HUTCHINSON	1323 BAYSHORE DR. #3	FT. PIERCE FL. 34949
TREAS	LINDA HUTCHINSON	1323 BAYSHORE DR. #3	FT. PIERCE FL. 34949
BOARD MEM	LOIS RICHARDS	1309 BAYSHORE DR. #5	FT. PIERCE FL. 34949
BOARD MEM	JOHN DEGRANDIS	1315 BAYSHORE DR. #4	FT. PIERCE FL. 34949

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Robert D. George
ROBERT D. GEORGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-07

4135759075

Date

Daytime Phone #