2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# 720204

Entity Name: COLONNADES CONDOMINIUM ASSOCIATION NO. 4, INC.

Current Principal Place of Business:

1140 BAYSHORE DR.
FT. PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

1140 BAYSHORE DR.
FT. PIERCE, FL 34949

New Mailing Address:

FEI Number: 59-1392228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORNETT, JANE L ESQ
CORNETT, GOOGE & ASSOCIATES PA
401 E OSCEOLA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: MOLLETT, RICHARD
Address: 1200 COLONNADES DR #206
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: LANE, JACK
Address: 1200 COLONNADES DR #202
City-St-Zip: FORT PIERCE, FL 34949

Title: DS ( ) Delete
Name: FILALLHIONE, DIANA
Address: 1200 COLONNADES DR 101
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: MARTIN, GEORGE
Address: 1200 COLONNADES DR # 104
City-St-Zip: FORT PIERCE, FL 34948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD MOLLETT T 04/05/2009

Electronic Signature of Signing Officer or Director — Date