

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720205

1. Entity Name

COLONNADES CONDOMINIUM ASSOCIATION NO. 3, INC.

Principal Place of Business

1140 BAYSHORE DRIVE
FORT PIERCE FL 34949

Mailing Address

1140 BAYSHORE DRIVE
FORT PIERCE FLA 34949-3044

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1759064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRANT, WILLIAM
2800 N A1A #1008
FT PIERCE FL FL 34949

7. Name and Address of New Registered Agent

Name

James Mobley

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

1176 Bayshore Drive
#101

City

FT Pierce

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-00

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

TITLE	VPD	☒ Delete
NAME	AVIAZ, STEPHANIE	
STREET ADDRESS	1166 BAYSHORE DRIVE #207	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	PD	☐ Delete
NAME	STRIEWSKI, TED	
STREET ADDRESS	1176 BAYSHORE DRIVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	TD	☒ Delete
NAME	AVIAZ, JOE	
STREET ADDRESS	1166 BAYSHORE DR, #207	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☐ Change ☒ Addition
NAME	James Mobley	
STREET ADDRESS	1176 Bayshore Dr #101	
CITY-ST-ZIP	FT Pierce FL 34949	
TITLE	VP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec/Treas.	☐ Change ☒ Addition
NAME	Kathleen Mobley	
STREET ADDRESS	1176 Bayshore Dr #101	
CITY-ST-ZIP	FT Pierce FL 34949	
TITLE	Director	☐ Change ☒ Addition
NAME	Pat Noble	
STREET ADDRESS	1176 Bayshore Dr #207	
CITY-ST-ZIP	FT Pierce FL 34949	
TITLE	Director	☐ Change ☒ Addition
NAME	Richard P 8088	
STREET ADDRESS	1176 Bayshore Dr #102	
CITY-ST-ZIP	FT Pierce FL 34949	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90035 040 ****61.25