

4001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90136 021 ****61.25

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 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

59-1759064

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

**MOBLEY, JAMES
 1176 BAYSHORE DRIVE, #101
 FT PIERCE FL 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**

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	P	☐ Delete
NAME	MOBLEY, JAMES	
STREET ADDRESS	1176 BAYSHORE DRIVE, #101	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	VP	☒ Delete
NAME	STRIEWSKI, TED	
STREET ADDRESS	1176 BAYSHORE DRIVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	ST	☒ Delete
NAME	MOBLEY, KATHLEEN	
STREET ADDRESS	1176 BAYSHORE DRIVE, #101	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	D	☒ Delete
NAME	NOBLE, PAT	
STREET ADDRESS	1176 BAYSHORE DRIVE, #207	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	D	☐ Delete
NAME	PAFF, RICHARD	
STREET ADDRESS	1176 BAYSHORE DR, #102	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☐ Addition
NAME	Noble, Pat	
STREET ADDRESS	1176 Bayshore Dr #207	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	VP	☒ Change ☐ Addition
NAME	MOBLEY, KATHLEEN	
STREET ADDRESS	1176 Bayshore Dr #101	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	SD	☐ Change ☒ Addition
NAME	Livsey Jim	
STREET ADDRESS	1166 Bayshore Dr #207	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	Livsey Jim	
STREET ADDRESS	1166 Bayshore Dr #207	
CITY-ST-ZIP	FT PIERCE FL 34949	

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

01/09/01
 Date

561-489-4962
 Daytime Phone #

CR2E037 (10/00)