2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State
08-18-2004 90001 017 ****61.25

DOCUMENT # 720205

1. Entity Name
COLONNADES CONDOMINIUM ASSOCIATION NO. 3, INC.

54068634

Principal Place of Business	Mailing Address
1140 BAYSHORE DRIVE FORT PIERCE, FL 34949	1140 BAYSHORE DRIVE FORT PIERCE, FL 34949

03052003 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP MOBLEY, JAMES 1176 BAYSHORE DRIVE, #101 FT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOBLEY, KATHLEEN 1176 BAYSHORE DRIVE, #101 FORT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LIVESEY, FRAN 1166 BAYSHORE DR # 207 FORT PIERCE, FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOAN KEITH 1176 BAYSHORE DR #105 FT. PIERCE, FL 34949 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LIVESEY, JIM 1166 BAYSHORE DR # 207 FORT PIERCE, FL 34949	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JAY SHERIDAN 1176 BAYSHORE DR. #107 FT PIERCE, FL. 34949 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR