

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90225 012 ****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**

00060144

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1759064

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Jane L. Cornett

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

Cornett, Gooze + Associates, P.A.

401 E. Osceola Street

City

Stuart

FL

Zip Code

34994

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jane L. Cornett

2/3/05

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

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

TITLE	DP	☒ Delete
NAME	MOBLEY, JAMES	
STREET ADDRESS	1176 BAYSHORE DRIVE, #101	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	SD	☒ Delete
NAME	MOBLEY, KATHLEEN	
STREET ADDRESS	1176 BAYSHORE DRIVE, #101	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	VD	☐ Delete
NAME	KEITH, JOAN	
STREET ADDRESS	1176 BAYSHORE DR #105	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	TD	☒ Delete
NAME	SHERIDAN, JAY	
STREET ADDRESS	1176 BAYSHORE DR #107	
CITY-ST-ZIP	FORT PIERCE FL 34949	
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	DP	☒ Change ☐ Addition
NAME	GEORGE GUNTHER	
STREET ADDRESS	1166 BAYSHORE DRIVE #206	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	SD	☒ Change ☐ Addition
NAME	GAIL GUNTHER	
STREET ADDRESS	1166 BAYSHORE DRIVE #206	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☒ Change ☐ Addition
NAME	JIM LIVESEY	
STREET ADDRESS	1166 BAYSHORE DRIVE #207	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-05