## 2006 NOT-FOR-PROFIT CORPORATION

## Jan 30, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #720205** 01-30-2006 90046 024 \*\*\*\*61.25 COLONNADES CONDOMINIUM ASSOCIATION NO. 3. Principal Place of Business Mailing Address 1140 BAYSHORE DRIVE 1140 BAYSHORE DRIVE FORT PIERCE, FL. 34949 FORT PIERCE, FL 34949 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-1759064 Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORNETT, JANE L Street Address (P.O. Box Number is Not Acceptable) CORNETT, GOOGE & ASSOCIATES, P. A. **401 E OSCEOLA STREET STUART, FL 34994** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filling Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete IIII F ☐ Addition **GUNTHER, GEORGE** NAME STREET ADDRESS 116 BAYSHORE DRIVE #206 STREET ADDRESS CITY-ST-ZIP FT PIERCE, FL 34949 CITY-ST-ZIP GALE\_ ☐ Delete ☐ Change ☐ Addition GUNTHER, GAIL NAME STREET ADDRESS 1166 BAYSHORE DRIVE #206 STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34949 CITY-ST-ZIP ☐ Delete TTDE Change Addition KEITH, JOAN NAME STREET ADDRESS 1176 BAYSHORE DR #105 STREET ADDRESS CITY-ST-7IP FORT PIERCE, FL 34949 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and tacturate 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.

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