2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90082 012 ****61.25

DOCUMENT # 720205

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

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

01152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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
CORNETT, JANE L CORNETT, GOOGE & ASSOCIATES, P. A. 401 E OSCEOLA STREET STUART, FL 34994	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 May 1, 2007

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 GUNTHER, GEORGE 1166 BAYSHORE DRIVE #206 FT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GUNTHER, GALE 1166 BAYSHORE DRIVE #206 FORT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KEITH, JOAN 1176 BAYSHORE DR #105 FORT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIVESEY, JIM 1166 BAYSHORE DR # 207 FORT PIERCE, FL 34949	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1TD NOBLE, PATRICIA 1176 BAYSHORE DR # 207 FORT PIERCE, FL 34949	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOYCE E Easterday 1176 Bayshore Dr #207 FORT PIERCE, FL 34949	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RICHARD PFAFF 1176 BAYSHORE DR. #102 FORT PIERCE, FL 34949	☐ Change ☑ Addition

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 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: Gale Gunther GALE GUNTHER 01-18-07 772-465-0878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #