


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90065 018 \*\*\*\*61.25

<b>DOCUMENT # 721977</b> 1. Entity Name <b>COLONNADES CONDOMINIUM ASSOCIATION NO. 5, INC.</b>					
Principal Place of Business <b>1140 BAYSHORE DR FT PIERCE, FL 34949</b>			Mailing Address <b>1140 BAYSHORE DR FT PIERCE, FL 34949</b>		
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		01082008 Chg-NP CR2E037 (12/06)
4. FEI Number <b>59-1445117</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORNETT, JANE L ESQ CORNETT, GOOGE, &amp; ASSOC PA 401 E OSCEOLA ST STUART, FL 34994</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAMSON, BOB 1153 BAYSHORE DR. #204 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OYLER, Julie 1145 Bayshore Dr #103 Fort Pierce, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OYLER, JULIE 1145 BAYSHORE DR # 103 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAMSON, Bob 1153 Bayshore Dr #204 Fort Pierce, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KLEIN, RITA 1145 BAYSHORE DR. #202 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DONNA MITCHELL 1153 Bayshore Dr #101 Fort Pierce, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OBRIEN, DAN 1153 BAYSHORE DR # 103 FORT PIERCE, FL 34979	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD O'BRIEN, DAN 1153 Bayshore Dr #103 Fort Pierce, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>DAN O'BRIEN</u> <b>DAN O'BRIEN</b> 1/31/08 (772) 461-3098					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					