

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721977

FILED
Jan 15, 2009
Secretary of State

Entity Name: COLONNADES CONDOMINIUM ASSOCIATION NO. 5, INC.

Current Principal Place of Business:

1140 BAYSHORE DR
FT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

1140 BAYSHORE DR
FT PIERCE, FL 34949

New Mailing Address:

FEI Number: 59-1445117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L ESQ
CORNETT, GOOGE, & ASSOC PA
401 E OSCEOLA ST
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WILLIAMSON, BOB
Address: 1153 BAYSHORE DR. #204
City-St-Zip: FORT PIERCE, FL 34949

Title: P () Delete
Name: OYLER, JULIE
Address: 1145 BAYSHORE DR # 103
City-St-Zip: FORT PIERCE, FL 34949

Title: S () Delete
Name: MITCHELL, DONNA
Address: 1153 BAYSHORE DR #101
City-St-Zip: FORT PIERCE, FL 34949

Title: TD () Delete
Name: OBRIEN, DAN
Address: 1153 BAYSHORE DRIVE #103
City-St-Zip: FORT PIERCE, FL 34979

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN OBRIEN

TD

01/15/2009

Electronic Signature of Signing Officer or Director

Date