

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725472 (5)
1. Corporation Name
COLONNADES CONDOMINIUM ASSOCIATION NO 7 INC



Principal Place of Business: **1140 BAYSHORE DR. FT. PIERCE FL 34949**
Mailing Address: **1140 BAYSHORE DR. FT. PIERCE FL 34949**

3. Date Incorporated or Qualified: **02/05/1973**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-1579478**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: **KLEIN, DONALD G. 1151 CARLTON CT #101 FT. PIERCE FL 34949**
10. Name and Address of New Registered Agent: 81 Name: **HEINSEN, Virginia**
82 Street Address (P.O. Box Number is Not Acceptable): **323 Leeward Land #101**
83
84 City: **Ft. Pierce** FL 85 Zip Code: **34949**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Virginia Heinsen* (NOTE: Registered Agent signature required when reinstating) DATE: **February 28, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DT	VYMOLA, WILLIAM 1172 COMMODORE CT #205 FT PIERCE, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE: DS	SENFT, HELEN 1151 CARLTON CT, APT 102 FT PIERCE, FL 00000	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Klein, Donald G
STREET ADDRESS		2.3 STREET ADDRESS	1151 Carlton Ct. #101
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Pierce, FL
TITLE: D	SINCLAIR, ROBERT 1172 COMMODORE CT, APT 105 FT PIERCE, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE: D	LANIER, JAMES 1172 COMMODORE CT #101 FT PIERCE FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE: D	WOODS, GLEN 1172 COMMODORE CT., APT. 102 FT PIERCE, FL 00000	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE: D	SENFT, WILLIAM 1151 CARLTON CT #102 FT. PIERCE FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia Heinsen* DATE: **February 27, 1996** DAYTIME PHONE: **407 465-3967**

CP2E037 (12/95)