

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
02/05/1973

4. FEI Number
59-1579478

Applied For	Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**HEINSSSEN, VIRGINIA
 323 LEEWARD LAND #101
 FT. PIERCE FL 34949**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

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 Heinssen
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VYMOLA, WILLIAM		1.2 NAME	
STREET ADDRESS 1172 COMMODORE CT #205		1.3 STREET ADDRESS	
CITY-ST-ZIP FT PIERCE, FL 00000		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WRATHER, FRED		2.2 NAME	
STREET ADDRESS 1172 COMMODORE CT., #208		2.3 STREET ADDRESS	
CITY-ST-ZIP FT PIERCE, FL 00000		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINCLAIR, ROBERT		3.2 NAME	
STREET ADDRESS 1172 COMMODORE CT, APT 105		3.3 STREET ADDRESS	
CITY-ST-ZIP FT PIERCE, FL 00000		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANIER, JAMES		4.2 NAME	
STREET ADDRESS 1172 COMMODORE CT #101		4.3 STREET ADDRESS	
CITY-ST-ZIP FT PIERCE FL		4.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HANSEN, BOB		5.2 NAME WILLIAM SEFT	
STREET ADDRESS 323 LEEWARD LN., #201		5.3 STREET ADDRESS 1151 CARLTON CT., #102	
CITY-ST-ZIP FT PIERCE, FL 00000		5.4 CITY-ST-ZIP FT. PIERCE, FL 34949	
TITLE PD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEINSSSEN, VIRGINIA		6.2 NAME	
STREET ADDRESS 323 LEEWARD LN., #104		6.3 STREET ADDRESS	
CITY-ST-ZIP FT. PIERCE FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Heinssen **4/14/98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
VIRGINIA HEINSSSEN

CR2E037 (10/97)