

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90083 049 ****61.25

DOCUMENT # 725472

1. Entity Name

COLONNADES CONDOMINIUM ASSOCIATION NO 7 INC

Principal Place of Business

Mailing Address

**1140 BAYSHORE DR.
 FT. PIERCE FL 34949**

**1140 BAYSHORE DR.
 FT. PIERCE FL 34949**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1579478

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | FESSEL, PAT | |
| STREET ADDRESS | 1172 COMMODORE CT #106 | |
| CITY-ST-ZIP | FORT PIERCE FL 34949 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WRATHER, FRED | |
| STREET ADDRESS | 1172 COMMODORE CT #206 | |
| CITY-ST-ZIP | FORT PIERCE FL 34949 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LANIER, JAMES | |
| STREET ADDRESS | 1172 COMMODORE CT #101 | |
| CITY-ST-ZIP | FT PIERCE FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HEINSSSEN, VIRGINIA | |
| STREET ADDRESS | 323 LEEWARD LN., #104 | |
| CITY-ST-ZIP | FT. PIERCE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Vymola, Bill | |
| STREET ADDRESS | 1172 Commodore Court, #205 | |
| CITY-ST-ZIP | Ft. Pierce, FL 34949 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/02
 Date

Daytime Phone #

CR2E037 (9/01)