


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90021 049 ****61.25

| | |
|---|---|
| DOCUMENT # 727929 |  |
| 1. Entity Name COLONNADES CONDOMINIUM ASSOCIATION NO. 8, INC. | |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 1140 BAYSHORE DR | 3. Mailing Address 1140 BAYSHORE DR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| FT | FT |

40120802

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|--------------------------------------|
| City & State FT PIERCE, FL | City & State FT PIERCE, FL |
| Zip 34949 | Zip 34949 |
| Country ST. LUCIE | Country ST. LUCIE |

| | |
|------------------------------------|--|
| 4. FEI Number 59-1576785 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|--|
| Name CORNETT, JANE L ESQ |
| Street Address (P.O. Box Number is Not Acceptable) CORNETT, GOGG & ASSOCIATES PA |
| 401 E. OSCEOLA ST |
| City STUART |
| State FL |
| Zip Code 34994 |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP PD CLOCK, CHUCK 1188 COMMODORE CT #103 FT PIERCE, FL 34949 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VD STEFAN, ERNIE 1188 COMMODORE CT #106 FT PIERCE, FL 34949 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TD HEHEMAN, GEORGE 1181 CARLTON CT #202 FT PIERCE, FL 34949 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP SD ROSEMARIE | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D KOLONICH PAUL 1181 CARLTON CT #105 FT PIERCE, FL 34949 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP SD PATERSON, ROSEMARIE 1188 COMMODORE CT #101 FT PIERCE, FL 34949 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: George Heheman GEORGE HEHEMAN 6/8/07 904 386-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Use/Print Phone #

CR2E037B (12/02)

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 727929

1. Entity Name
COLONNADES CONDOMINIUM ASSOCIATION NO. 8,
INC.



Principal Place of Business
1140 BAYSHORE DR
FT PIERCE, FL 34949

Mailing Address
1140 BAYSHORE DR
FT PIERCE, FL 34949

DO NOT WRITE IN THIS SPACE

05302007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1576785

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORNETT, JANE L ESQ
CORNETT, GOOGE & ASSOCIATES PA
401 E OSCEOLA STREET
STUART, FL 34994

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CLOCK, CHUCK
STREET ADDRESS 1188 COMMODORE CT # 103
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE D
NAME ~~FUCKER, JOAN~~
STREET ADDRESS 1188 COMMODORE CT, # 203
CITY-ST-ZIP FORT PIERCE, FL 349493003

TITLE VD
NAME STEFAN, ERNIE
STREET ADDRESS 1188 COMMODORE CT # 106
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE TD
NAME HEHEMAN, GEORGE
STREET ADDRESS 1181 CARLTON CT # 202
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE SD
NAME ~~SHERRIN, PHIL~~
STREET ADDRESS ~~1181 CARLTON CT # 102~~
CITY-ST-ZIP ~~FORT PIERCE, FL 34949~~

TITLE D
NAME KOLONICH, PAUL
STREET ADDRESS 1181 CARLTON CT # 105
CITY-ST-ZIP FORT PIERCE, FL 34949

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #