


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90009 010 \*\*\*\*61.25

66006189

<b>DOCUMENT # 727931</b>																											
1. Entity Name COLONNADES CONDOMINIUM ASSOCIATION NO. 9, INC.																											
Principal Place of Business 1140 BAYSHORE DRIVE FT. PIERCE, FL 34949		Mailing Address 1140 BAYSHORE DRIVE 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 59-1579089		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																									
CORNETT, JANE L ESQ. CORNETT, GOUGE & ASSOCIATES, P.A. 401 E OSCEOLA STREET STUART, FL 34994		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. I am familiar with, and accept the obligations of registered agent.																											
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																											
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																									
		Make check payable to Florida Department of State																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
<table border="1"> <tr> <td>TITLE</td> <td>PD Pres.</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PHELAN, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1223 BAYSHORE DR #206</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. PIERCE, FL 34949</td> <td></td> </tr> </table>		TITLE	PD Pres.	<input type="checkbox"/> Delete	NAME	PHELAN, WILLIAM		STREET ADDRESS	1223 BAYSHORE DR #206		CITY-ST-ZIP	FT. PIERCE, FL 34949		<table border="1"> <tr> <td>TITLE</td> <td>Secretary</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Russell, Bercier</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1223 Bayshore Dr. # 202</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ft. Pierce, FL 34949</td> <td></td> </tr> </table>		TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Russell, Bercier		STREET ADDRESS	1223 Bayshore Dr. # 202		CITY-ST-ZIP	Ft. Pierce, FL 34949	
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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: <u>Beverly Craft</u>		Beverly Craft 1/23/06 772/465/1173																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									



ATTACHMENT

66006189

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

COLONNADES CONDOMINIUM ASSOCIATION NO. 9, INC.  
1140 BAYSHORE DRIVE  
FT. PIERCE, FL 34949

Subject: COLONNADES CONDOMINIUM ASSOCIATION NO. 9, INC.

Reference Number: 727931

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION