


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90011 030 ****61.25

DOCUMENT # 727931					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1579089	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORNETT, JANE L ESQ. CORNETT GOUGE & ASSOCIATES, P.A. 401 E OSCEOLA STREET STUART FL 34994				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					



1st MOORE CR2E037 (10/06)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PHELAN, WILLIAM		NAME				
STREET ADDRESS	1223 BAYSHORE DR #206		STREET ADDRESS				
CITY- ST- ZIP	FT. PIERCE FL 34949		CITY- ST- ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GRABIAK, TED		NAME				
STREET ADDRESS	1223 BAYSTONE DRIVE #207		STREET ADDRESS				
CITY- ST- ZIP	FORT PIERCE FL 34949		CITY- ST- ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CRAFT, BEVERLY		NAME				
STREET ADDRESS	1223 BAYSHORE DR #106		STREET ADDRESS				
CITY- ST- ZIP	FORT PIERCE FL 34949		CITY- ST- ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BERCICR, RUSSELL		NAME				
STREET ADDRESS	1223 BAYSHORE DR#202		STREET ADDRESS				
CITY- ST- ZIP	FORT PIERCE FL 34949		CITY- ST- ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PAPARELLA, JOHN		NAME				
STREET ADDRESS	1223 BAYSHORE DR #102		STREET ADDRESS				
CITY- ST- ZIP	FORT PIERCE FL 34949		CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William Phelan*
William Phelan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07

Date

772 468 2891

Daytime Phone #