

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727931

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** COLONNADES CONDOMINIUM ASSOCIATION NO. 9, INC.

**Current Principal Place of Business:**

1140 BAYSHORE DRIVE  
FT. PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

1140 BAYSHORE DRIVE  
FT. PIERCE, FL 34949

**New Mailing Address:**

**FEI Number:** 59-1579089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORNETT, JANE L ESQ.  
CORNETT GOUGE & ASSOCIATES, P.A.  
401 E OSCEOLA STREET  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PHELAN, WILLIAM  
Address: 1223 BAYSHORE DR #206  
City-St-Zip: FT. PIERCE, FL 34949

Title: VP ( ) Delete  
Name: GRABIAK, TED  
Address: 1223 BAYSTONE DRIVE #207  
City-St-Zip: FORT PIERCE, FL 34949

Title: S ( ) Delete  
Name: CRAFT, BEVERLY  
Address: 1223 BAYSHORE DR #106  
City-St-Zip: FORT PIERCE, FL 34949

Title: T ( ) Delete  
Name: RUSSELL, BERCIER  
Address: 1223 BAYSHORE DRIVE #202  
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete  
Name: PAPARELLA, JOHN  
Address: 1223 BAYSHORE DR #102  
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY B. CRAFT

SEC

01/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date