

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:47

DOCUMENT # 731962 (7)
1. Corporation Name
COLONNADES CONDOMINIUM ASSOCIATION NO. 11, INC.

Principal Place of Business Mailing Address
1140 BAYSHORE DRIVE 1140 BAYSHORE DRIVE
FT. PIERCE FL 34949 FT. PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1975 3a. Date of Last Report 04/21/1994
4. FEI Number 59-1893796 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SHELDON, FRANK P
1351 BAYSHORE DR
#205
FT. PIERCE FL 34949

10. Name and Address of New Registered Agent
81 Name CHUDIK, ED
82 Street Address (P.O. Box Number is Not Acceptable) 1351 BAYSHORE DR #102
83
84 City FT PIERCE FL 85 Zip Code 34949

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Edward H. Chudik - President* DATE 2/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	SHELDON, FRANK P 1351 BAYSHORE DR #205 FT PIERCE FL
TITLE VD	BOWDEN, HARLAND 1351 BAYSHORE DR #307 FT. PIERCE FL
TITLE D	CORSON, DORIS 1351 BAYSHORE DR #306 FT. PIERCE FL
TITLE D	HADLEY, MARIAN 1351 BAYSHORE DR #202 FT. PIERCE FL
TITLE DS	GINERT, JEANNE 1351 BAYSHORE DR #105 FT. PIERCE FL
TITLE DT	BEAL, DONALD 1351 BAYSHORE DR #203 FT. PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	CHUDIK, ED 1351 BAYSHORE DR # 102 FT PIERCE FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE D	KELLEY, MARGERY 1351 BAYSHORE DR #208 FT PIERCE FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE DS	GINERT, JEAN 1351 BAYSHORE DR #105 FT PIERCE FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward H. Chudik - Pres.* DATE 2/28/95 465-0132
Signature and typed or printed name of signing officer or director Daytime Phone #