## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 731962

(7)

## COLONNADES CONDOMINIUM ASSOCIATION NO. 11, INC.

Principal Place of Business Mailing Address					
1140 BAYSH FT. PIERCE		1140 BAYSHORE DR FT. PIERCE FL 34949			
				3. Date Incorporated or Qualified 02/21/1975	3a. Date of Last Report 04/11/1995
¬ ·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	26		59-1893796	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	S5.00 May Be Added to Fees
Ζιρ	Country	Zip	Country	8. This corporation has liability for int	tangible tax under s. 199.032,
24	9. Name and Address of Curren	29	30		Yes □ No
	9. Name and Address of Corren	it Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
CHIDIK	. FD		la l		
CHUDIK, ED			82 Street Ar	ddress (P.O. Box Number is Not Acceptable	)
1351 BAYSHORE DR SUITE 102			B3		
	RCE FL 14949		•~		
r i. riur	10E FE 14949		84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 617 0502	and 617 1508. Florida Statu	tos the shows named corr	poration submits this statement for the purpo	PL
familiar wit	th, and accept the obligations of, Secti	ion 617.0503, Florida Statute	zed by the corporation's base.	pard of directors, I hereby accept the appoir	ntment as registered agent. I am
12.	Signature, typed or printed name of registered agent OFFICERS ANI		OTE: Registered Agent signature req		DATE
TITLE	PD OFFICENS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	
NAME	CHUDIK, ED		1.2 NAME		Change Addition
STREET ADDRESS	1351 BAYSHORE DR #102				
CITY-ST-ZIP	FT PIERCE FL		1.3 STREET ADORESS		
TITLE	VD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	BOWDEN, HARLAND		2.2 NAME		E cuende E vanition
STREET ADDRESS	1351 BAYSHORE DR #307		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		2. 4 CITY - ST - ZIP		
TITLE	D	DELETE		5/D	Change Addition
NAME	CORSON, DORIS	_	3.2 NAME	עלט	Countries Notition
STREET ADDRESS	1351 BAYSHORE DR #306		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		34 CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE	No. of the last of	☐ Change ☐ Addition
NAME	KELLEY, MARGERY		4. 2 NAME		
STREET ADDRESS	1351 BAYSHORE DR #208		4.3 STREET ADDRESS		
CiTY-ST-ZiP	FT. PIERCE FL		4.4 CITY-ST-ZIP		
TITLE	DS	<b>™</b> DELETE	5 1 TITLE		Change Addition
NAMÉ	GINTERT, JEAN		52 NAME		
STREET ADDRESS	1351 BAYSHORE DR #105		5 3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		5.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	6.1 TITLE	145 to 1 to	☐ Change ☐ Addition
NAME	BEAL, DONALD		6.2 NAME		
STREET ADDRESS	1351 BAYSHORE DR #203		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		6.4 CITY - ST - ZIP		
				for the exemption stated in Section 119.07 grate and that my signature shall have the sa	
appears in	Block 12 or Blook 13 if changed, or o	n an attachment with an add	RS#	this report as required by Chapter 617, Florid	ua otatutes; and that my name

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF STONING OPPICER OR DIRECTOR

2/29/96

Daytime Phone #