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May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

3. Date Incorporated or Qualified: 02/21/1975  
4. FEI Number: 59-1893796  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-29) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
CHUDIK, ED  
1351 BAYSHORE DR  
SUITE 102  
FT. PIERCE FL 14949

10. Name and Address of New Registered Agent  
81 Name: DORIS CORSON  
82 Street Address (P.O. Box Number is Not Acceptable): 1351 BAYSHORE DR #306  
84 City: FT PIERCE, FL 3  
85 Zip Code: 34949

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Doris A. Corson* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: CHUDIK, ED STREET ADDRESS: 1351 BAYSHORE DR #102 CITY-ST-ZIP: FT PIERCE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: VD NAME: BOWDEN, HARLAND STREET ADDRESS: 1351 BAYSHORE DR #307 CITY-ST-ZIP: FT. PIERCE FL	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: V/D BILL FUCHS 2.3 STREET ADDRESS: 1351 BAYSHORE DR #305 2.4 CITY-ST-ZIP: FT PIERCE, FL 34949
TITLE: VD NAME: CORSON, DORIS STREET ADDRESS: 1351 BAYSHORE DR #306 CITY-ST-ZIP: FT. PIERCE FL	<input type="checkbox"/> DELETE	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: P/D 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE: SD NAME: FORBES, MARY STREET ADDRESS: 1351 BAYSHORE DR., #107 CITY-ST-ZIP: FT. PIERCE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME: S/D CELESTE SHELTON 4.3 STREET ADDRESS: 1351 BAYSHORE DR #205 4.4 CITY-ST-ZIP: FT. PIERCE FL 34949
TITLE: DT NAME: BEAL, DONALD STREET ADDRESS: 1351 BAYSHORE DR #203 CITY-ST-ZIP: FT. PIERCE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Doris A. Corson* DORIS A. CORSON 4/20/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071645

CR2E037 (10/97)