

UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90143 048 ****61.25

DOCUMENT # 731962

Entity 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 34949-3044
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1893796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CHUDIK, ED~~ **William E Fuchs**
 1351 BAYSHORE DR
 SUITE 305
 FT. PIERCE FL 14949

7. Name and Address of New Registered Agent

Name: **William E Fuchs**
 Street Address (P.O. Box Number is Not Acceptable): **1351 Bayshore DR**
Suite 305
 City: **FT Pierce** FL Zip Code: **34949**

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.

SIGNATURE: *William E Fuchs* DATE: **3/30/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE: VD <input checked="" type="checkbox"/> Delete	NAME: BOWDEN, HARLAND
STREET ADDRESS: 1351 BAYSHORE DR #307	CITY-ST-ZIP: FT. PIERCE FL
TITLE: PD <input type="checkbox"/> Delete	NAME: CORSON, DORIS
STREET ADDRESS: 1351 BAYSHORE DR #306	CITY-ST-ZIP: FT. PIERCE FL
TITLE: SDD <input type="checkbox"/> Delete	NAME: CELESTE, SHELDON
STREET ADDRESS: 1351 BAYSHORE DR 205	CITY-ST-ZIP: FT PIERCE FL 34949
TITLE: VD <input type="checkbox"/> Delete	NAME: FUCHS, BILL
STREET ADDRESS: 1351 BAYSHORE DRIVE 303	CITY-ST-ZIP: FT PIERCE FL 34949
TITLE: VPD <input checked="" type="checkbox"/> Delete	NAME: CHUDIK, BARBARA
STREET ADDRESS: 1351 BAYSHORE DRIVE	CITY-ST-ZIP: FT PIERCE FL 34949
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Director Dan Pritchett
STREET ADDRESS: 1351 Bayshore Drive #304	CITY-ST-ZIP: FT Pierce FL 34949
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: VTD
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

12. 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 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 E Fuchs* DATE: **3/30/00** DAYTIME PHONE: **561-468-0077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)