

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90034 007 ****61.25



DOCUMENT # 731962			
1. 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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

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	7. Name and Address of New Registered Agent
FUCHS, WILLIAM E 1351 BAYSHORE DR SUITE 305 FORT PIERCE FL 34949	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SEEWALDT, STANLY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1351 BAYSHORE DR #301	NAME	
STREET ADDRESS	FORT PIERCE FL 34949	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	VP EVANS, BUNNY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1351 BAYSHORE DR #303	NAME	
STREET ADDRESS	FORT PIERCE FL 34949	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	TD FUCHS, BILL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1351 BAYSHORE DR #305	NAME	
STREET ADDRESS	FORT PIERCE FL 34949	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	D SEEWALDT, STANLEY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1351 BAYSHORE DR # 301	NAME	
STREET ADDRESS	FORT PIERCE FL 34949	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	PD GIESE, WALTER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1351 BAYSHORE DR #101	NAME	
STREET ADDRESS	FORT PIERCE FL 34949	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	SD SIMCOX, COLLETTE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1351 BAYSHORE DR #307	NAME	
STREET ADDRESS	FORT PIERCE FL 34949	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			

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 3/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #