


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90003 038 ****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

DO NOT WRITE IN THIS SPACE



05212007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

FUCHS, WILLIAM E
 1351 BAYSHORE DR
 SUITE 305
 FORT PIERCE, FL 34949

DO NOT WRITE IN THIS SPACE

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 BRENDA B. EVANS - Brenda B. Evans 6-7-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EVANS, BRENDA B 1351 BAYSHORE DRIVE SUITE 303 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAGGBLAD, RICHARD 1351 NAYSHORE DRIVE SUITE 203 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAL PRICHET, DONALD 1351 BAYSHORE DRIVE SUITE 304 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIMCOX, COLLETTE 1351 BAYSHORE DR #307 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Brenda B. Evans 6-07-07 772-595-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #