

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

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90014 050 ****61.25

DOCUMENT # N96000002756			
1. Entity Name COLONNADES CONDOMINIUMS ASSOCIATION NO. 6 INC.			
Principal Place of Business COLONNADES MEMBERS, INC. 1140 BAYSHORE DRIVE FT. PIERCE FL 34949 US		Mailing Address 1140 BAYSHORE DRIVE FT. PIERCE FL 34949 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE	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 CRITTENDEN, EARL 1203 BAYSHORE DRIVE, #101 FORT PIERCE FL 34949		7. Name and Address of New Registered Agent Name Paula F. Heermance Street Address (P.O. Box Number is Not Acceptable) 1201 Bayshore Drive Unit 202 City Ft. Pierce FL Zip Code 34949	
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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 Paula F. Heermance Paula F. Heermance President 2/1/05
Signature, typed or printed name of registered agent and title if applicable (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 RD NAME CRITTENDEN, EARL STREET ADDRESS 1203 BAYSHORE DRIVE, #101 CITY-ST-ZIP FT. PIERCE FL 34949	<input checked="" type="checkbox"/> Delete		TITLE RD NAME Heermance, Paula F. STREET ADDRESS 1201 Bayshore Dr. Unit 202 CITY-ST-ZIP Ft. Pierce FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME SEIBRING, CLYDE STREET ADDRESS 1201 BAYSHORE DRIVE, #201 CITY-ST-ZIP FORT PIERCE FL 34949	<input type="checkbox"/> Delete		TITLE TSD NAME Seibring, Linda STREET ADDRESS 1201 Bayshore Dr. Unit 201 CITY-ST-ZIP Ft. Pierce FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TSD NAME ROBERTS, MADONNA STREET ADDRESS 1203 BAYSHORE DR #102 CITY-ST-ZIP FORT PIERCE FL 34949	<input checked="" type="checkbox"/> Delete		TITLE D NAME Kindlund, Tammy STREET ADDRESS 1203 Bayshore Dr. Unit 201 CITY-ST-ZIP Ft. Pierce, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Paula F. Heermance Paula F. Heermance 2/1/05 712-460-5459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #