2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002756

FILED Feb 25, 2010 Secretary of State

Entity Name: COLONNADES CONDOMINIUMS ASSOCIATION NO. 6 INC.

Current Principal Place of Business: New Principal Place of Business:

COLONNADES MEMBERS, INC. 1140 BAYSHORE DRIVE FT. PIERCE, FL 34949 US

Current Mailing Address: New Mailing Address:

1140 BAYSHORE DRIVE FT. PIERCE, FL 34949 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAULY, JAMES N STALLINGS, ARLENE 1203 BAYSHORE DRIVE, UNIT 102 1201 BAYSHORE DR. FORT PIERCE, FL 34949 US 102

FORT PIERCE, FL 34949 US FORT PIERCE, FL 34949 US

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: ARLENE STALLINGS 02/25/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

 Name:
 STALLINGS, ARLENE

 Address:
 1201 BAYSHORE DR. #102

 City-St-Zip:
 FT. PIERCE, FL 34949

Title: VP

 Name:
 KINDLUND, TAMMY

 Address:
 1203 BAYSHORE DR. #201

 City-St-Zip:
 FORT PIERCE, FL 34949

Title: TREA

Name: HERMANCE, PAULA F Address: 1201 BAYSHORE DR. # 202 City-St-Zip: FORT PIERCE, FL 34949

Title: SEC

Name: TERHUNE, SARA

Address: 1201 BAYSHORE DR. #201 City-St-Zip: FORT PIERCE, FL 34949

Title:

 Name:
 KINDLUND, TAMMY

 Address:
 1203 BAYSHORE DR. #201

 City-St-Zip:
 FORT PIERCE, FL 34949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARLENE STALLINGS PRES 02/25/2010