

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707508 (8)
1. Corporation Name
COLONIAL MANOR CONDOMINIUM OF HOLLYWOOD, INC.



Principal Place of Business: **3500 MONROE STREET HOLLYWOOD FL 33021**
Mailing Address: **3500 MONROE STREET HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **06/30/1964**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-2358389**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**VILA, LOUIS
3500 MONROE ST
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81 Name: **JOHN C. FERRY**
82 Street Address (P.O. Box Number is Not Acceptable): **3500 MONROE ST**
83 City: **HOLLYWOOD** FL 85 Zip Code: **33021**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *John C. Ferry* **JOHN C. FERRY, President** 2-18-96
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VILA, LOUIS	
STREET ADDRESS	3500 MONROE ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UGOLINO, MARY	
STREET ADDRESS	3500 MONROE ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCGIVNEY, FRANCES	
STREET ADDRESS	3500 MONROE ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GINDEL, WILLAM	
STREET ADDRESS	3500 MONROE ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUSTON, DOROTHY	
STREET ADDRESS	3500 MONROE ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN C. FERRY	
1.3 STREET ADDRESS	3500 MONROE ST	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
2.1 TITLE	VICE President & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK WARD	
2.3 STREET ADDRESS	3500 MONROE ST	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
3.1 TITLE	TREASURER & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FERNANDE BELANGER	
3.3 STREET ADDRESS	3500 MONROE ST	
3.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
4.1 TITLE	SECRETARY & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BONNIE DEPINTO	
4.3 STREET ADDRESS	3500 MONROE ST	
4.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000001746200	
5.3 STREET ADDRESS	-03/18/96--01022--007	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John C. Ferry* **JOHN C. FERRY** 2-18-96
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CP2E037 (12/95)

3-15-1996