

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33021-7579
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3. Date Incorporated or Qualified 06/30/1964	3a. Date of Last Report 03/15/1996
4. FEI Number 59-2358389	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent  
FERRY, JOHN C  
3500 MONROE ST  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 FL  
86 Zip Code

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 4-8-97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERRY, JOHN C	
STREET ADDRESS	3500 MONROE ST.	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WARD, FRANK	
STREET ADDRESS	3500 MONROE ST	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BELANGER, FERNANDE	
STREET ADDRESS	3500 MONROE ST	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DEPINTO, BONNIE	
STREET ADDRESS	3500 MONROE ST	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
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	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FERRY, SHARON	
3.3 STREET ADDRESS	3500 MONROE ST	
3.4 CITY - ST - ZIP	HOLLYWOOD, FL. 33021	
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MR GIVNEY, FRANCES	
4.3 STREET ADDRESS	3500 MONROE ST	
4.4 CITY - ST - ZIP	HOLLYWOOD, FL. 33021	
5.1 TITLE	Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 4-8-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 954-981-2752 Daytime Phone # 0021658

CR2E037 (9/96)