

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707508

1. Entity Name

COLONIAL MANOR CONDOMINIUM OF HOLLYWOOD, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90078 044 ****61.25

Principal Place of Business

3500 MONROE STREET
 HOLLYWOOD FL 33021

Mailing Address

3500 MONROE STREET
 HOLLYWOOD FL 33021-7579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2358389

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRY, JOHN C
 3500 MONROE ST
 HOLLYWOOD FL 33021

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

John C. Ferry, President 4-13-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERRY, JOHN C	
STREET ADDRESS	3500 MONROE ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HUSTON, DOROTHY	
STREET ADDRESS	3500 MONROE ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERRY, SHARON	
STREET ADDRESS	3500 MONROE ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	EBINGER, LORI	
STREET ADDRESS	3500 MONROE ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POE, RUBY	
STREET ADDRESS	3500 MONROE ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	UGOLINO, MARY	
STREET ADDRESS	3500 MONROE ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBINGER, LORI	
STREET ADDRESS	3500 MONROE ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSTON, DOROTHY	
STREET ADDRESS	3500 MONROE ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

John C. Ferry, President 4-13-00 954) 987-2752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/99)