2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707508

1. Entity Name

Principal Place of Business

COLONIAL MANOR CONDOMINIUM OF HOLLYWOOD, INC.

3500 MONROE STREET HOLLYWOOD FL 33021	3500 MONROE STREET HOLLYWOOD FL 33021		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

Mailing Address

FILED Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90140 022 ****61.25

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Suite. Apt R. etc. Suite. Apt R. etc. Suite. Apt R. etc. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Applied For Seaton Applied For S	2. Principal PI	ace of Busin	ess	3. Mailing Address								
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The above named only submits his statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Signature of State Payable to Department of State Payable to Depa	Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
Country	City & State City & State					4. FEI Numbe	4. FEI Number 59-2358389					
S. Name and Address of Current Registered Agent FERRY, JOHN C 3500 MONROE ST HOLLYWOOD FL 33021 6. The above named circly submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. FILE NOW: FEE IS \$61.25 9. Electron Campaign Financing Trust Fund Contribution. 9. Electron Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE FERRY, JOHN C SIRE! AUGUSS SIDE AUGUSS SI	Zip		Country	Zip	Cou	ntry	5. Certificate	of Status Desired		8.75 Addi	itional	
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Signature Signature Signa						Name		-				
SEGNATURE File Now:	FFRRY .IC	THM C				Street Address (P.O. Box Number is Not Acceptable)						
City FL Zip Code City FL Zip Code							,					
B. 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			021									
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 Signa						City			FI	Zip Code)	
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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 trusted empowered to execute his 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 a true movement.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR