


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 707508			
1. Entity Name COLONIAL MANOR CONDOMINIUM OF HOLLYWOOD, INC.			
Principal Place of Business 3500 MONROE STREET HOLLYWOOD FL 33021		Mailing Address 4205 HAYES STREET HOLLYWOOD FL 33021	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FERRY, JOHN C 4205 HAYES STREET HOLLYWOOD FL 33021				Name			
				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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	FERRY, JOHN C 4205 HAYES STREET HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP	SULLIVAN, LORI 3500 MONROE ST HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	NAME		U00000045151 02/11/04-80050-021 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD	FERRY, SHARON 3500 MONROE ST HOLLYWOOD FL 33021	<input type="checkbox"/> Delete	STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			<input type="checkbox"/> Delete	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			<input type="checkbox"/> Delete	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			<input type="checkbox"/> Delete	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			<input type="checkbox"/> Delete	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 full or like empowered

SIGNATURE: *John C. Ferry* **JOHN C FERRY** 2-9-04 (954) 987-2752