

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Gandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:46

**DOCUMENT # 709504 (5)**  
1. Corporation Name  
**COLONIAL GARDENS APARTMENTS, INC., A CONDOMINIUM**

Principal Place of Business Mailing Address  
**801 PINE DRIVE 801 PINE DRIVE  
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/25/1965</b>	3a. Date of Last Report <b>03/31/1994</b>
4. FEI Number <b>59-1160465</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**GIARRUSSO, RAYMOND  
801 PINE DR., APT. #10  
POMPANO BEACH FL 33060**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>MARSHALL, SALLY</b>
STREET ADDRESS	<b>801 PINE DR</b>
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>RELINGER, PAT</b>
STREET ADDRESS	<b>801 PINE DR</b>
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>
TITLE	<b>P</b>
NAME	<b>GIARRUSSO, RAYMOND</b>
STREET ADDRESS	<b>801 PINE DR</b>
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>JENSEN, VERNER</b>
STREET ADDRESS	<b>801 PINE DR</b>
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>FRANZESE, PAT</b>
STREET ADDRESS	<b>801 PINE DRIVE</b>
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>
TITLE	<b>T</b>
NAME	<b>LUDEMAN, LOIS</b>
STREET ADDRESS	<b>801 PINE DRIVE</b>
CITY-ST-ZIP	<b>POMPANO BEACH</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Lois Ludeman</b>	
1.3 STREET ADDRESS	<b>801 PinedR</b>	
1.4 CITY-ST-ZIP	<b>Pompano BCH, FL 33060</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Relinger, Pat</b>	
2.3 STREET ADDRESS	<b>801 Pine Dr</b>	
2.4 CITY-ST-ZIP	<b>Pompano BCH, FL 33060</b>	
3.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Giarrusso, Ramond</b>	
3.3 STREET ADDRESS	<b>801 Pine Dr</b>	
3.4 CITY-ST-ZIP	<b>Pompano Bch, FL 33060</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Franzese, Pat</b>	
4.3 STREET ADDRESS	<b>801 Pine Dr</b>	
4.4 CITY-ST-ZIP	<b>Pompano BCH, FL33060</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Ed Gillilan</b>	
5.3 STREET ADDRESS	<b>801 Pine Dr</b>	
5.4 CITY-ST-ZIP	<b>Pompano BCH FL, 33060</b>	
6.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Ludeman, Lois</b>	
6.3 STREET ADDRESS	<b>801 Pine Dr</b>	
6.4 CITY-ST-ZIP	<b>Pompano BCH, FL 33060</b>	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond Giarrusso 4/5/93 305 786 6537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)