

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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



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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21	26	59-1160465	04/11/1995
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For / Not Applicable
23. City & State	28. City & State	<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip	25. Country	29. Zip	30. Country
		24	25
		29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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: Pat Franzese; 82 Street Address: 801 Pine Drive, Apt. #1; 83 City: Pompano Beach; 84 City: Pompano Beach, FL; 85 Zip Code: 33060

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: *Pat R. Franzese* Pat Franzese 3/20/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) PRES./Dir. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	S/D
NAME	LUDEMAN, LOIS	1.2 NAME	Ralph Franzese
STREET ADDRESS	801 PINE DR.	1.3 STREET ADDRESS	801 Pine Drive
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	D	2.1 TITLE	D
NAME	RELINGER, PAT	2.2 NAME	Robert Seguin
STREET ADDRESS	801 PINE DR.	2.3 STREET ADDRESS	801 Pine Drive, #3
CITY-ST-ZIP	POMPANO BCH, FL 00000	2.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	P	3.1 TITLE	
NAME	GIARRUSSO, RAYMOND	3.2 NAME	
STREET ADDRESS	801 PINE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	P/D
NAME	FRANZESE, PAT	4.2 NAME	
STREET ADDRESS	801 PINE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	GILLIAN, ED	5.2 NAME	Vincent Gotta
STREET ADDRESS	801 PINE DR.	5.3 STREET ADDRESS	801 Pine Drive, #10
CITY-ST-ZIP	POMPANO BCH, FL 00000	5.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	T	6.1 TITLE	T
NAME	LUDEMAN, LOIS	6.2 NAME	Sally Marshall
STREET ADDRESS	801 PINE DR.	6.3 STREET ADDRESS	801 Pine Drive, #19
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	Pompano Beach, FL 33060

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sally M. Marshall Treas.* 3/20/96 954-782-7644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)