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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
801 PINE DRIVE 801 PINE DRIVE  
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-7272

3. Date Incorporated or Qualified 08/25/1965  
3a. Date of Last Report 03/25/1996

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1160465	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent FRANZESE, PAT 801 PINE DRIVE APT #1 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
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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 Sally M. Marshall Sally M. Marshall, Treas. 2/1/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANZESE, RALPH	1.2 NAME	FRANZESE, RALPH
STREET ADDRESS	801 PINE DRIVE	1.3 STREET ADDRESS	801 PINE DRIVE #8
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEQUIN, ROBERT	2.2 NAME	
STREET ADDRESS	801 PINE DRIVE #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIARRUSSO, RAYMOND	3.2 NAME	Lorraine Brewer
STREET ADDRESS	801 PINE DR	3.3 STREET ADDRESS	801 PINE DRIVE #17
CITY-ST-ZIP	POMPANO BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTA, VINCENT	5.2 NAME	
STREET ADDRESS	801 PINE DRIVE #10	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, SALLY	6.2 NAME	Marshall, Sally
STREET ADDRESS	801 PINE DRIVE #9	6.3 STREET ADDRESS	801 PINE DRIVE, Apt. 19
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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 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. & Dir. 2/1/97 954-782-7644  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0025259

CR2E037 (9/96)