

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90065 040 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 709504

1. Entity Name

COLONIAL GARDENS APARTMENTS, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

801 PINE DRIVE
 POMPANO BEACH FL 33060

801 PINE DRIVE
 POMPANO BEACH FLA 33060-7272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1160465

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHALL, SALLY M.
801 PINE DRIVE
APT. 19
POMPANO BEACH FL 33060

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	FRANZESE, RALPH		
801 PINE DRIVE, #8			
POMPANO BEACH FL			
D	SEQUIN, ROBERT		
801 PINE DRIVE #3			
POMPANO BEACH FL			
DS	BREWER, LORRAINE		
801 PINE DRIVE, #17			
POMPANO BCH, FL 00000			
D	FRANZESE, SUE	Secretary	
801 PINE DR, #1			
POMPANO BEACH FL			
DT	MARSHALL, SALLY		
801 PINE DRIVE, APT. 19			
POMPANO BEACH FL			

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 all other like empowered.

SIGNATURE: Sally M. Marshall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

954-782-7644

Daytime Phone #

CR2E037 (9/99)