

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90045 049 ****61.25

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 FL 33060**

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



DO NOT WRITE IN THIS SPACE

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 _____ 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**

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	PD FRANZESE, RALPH	TITLE NAME	Director Vincent Gotta
STREET ADDRESS	801 PINE DRIVE, #8	STREET ADDRESS	801 Pine Drive, #102
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	
TITLE NAME	D SEQUIN, ROBERT	TITLE NAME	D & Secretary Seguin, Robert
STREET ADDRESS	801 PINE DRIVE #3	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	
TITLE NAME	DS BREWER, LORRAINE	TITLE NAME	Director & Vice Pres. Matthias Eggertsson
STREET ADDRESS	801 PINE DRIVE, #17	STREET ADDRESS	801 Pine Drive, #6
CITY-ST-ZIP	POMPANO BCH, FL 00000	CITY-ST-ZIP	
TITLE NAME	(S) FRANZESE, SUE	TITLE NAME	Director Franzese, Susan
STREET ADDRESS	801 PINE DR, #1	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	
TITLE NAME	DT MARSHALL, SALLY	TITLE NAME	
STREET ADDRESS	801 PINE DRIVE, APT. 19	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Marshall*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-782-7644
 Daytime Phone #

CR2E037 (10/00)