

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90006 037 ****61.25

DOCUMENT # 709504
1. Entity Name
**COLONIAL GARDENS APARTMENTS, INC., A
CONDOMINIUM**



Principal Place of Business
**801 PINE DRIVE
POMPAÑO BEACH FL 33060**

Mailing Address
**801 PINE DRIVE
POMPAÑO BEACH FL 33060**

44022514



MOORE CR2E037 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
59-1160465

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**RAYMOND GIARRUSSO
801 PINE DRIVE
APT. (12)
POMPAÑO BEACH FL 33060**

7. Name and Address of New Registered Agent
Name **Raymond Giarrusso**
Street Address (P.O. Box Number is Not Acceptable)
801 Pine Drive APT, (12)
City **Pompano Beach, FL** Zip Code **33060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Raymond Giarrusso, President** *Raymond Giarrusso* **March 22/2004**
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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIARRUSSO, RAYMOND 801 PINE DR, #12 POMPAÑO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BD SCHNEIDER, PATRICIA 801 PINE DR, #11 POMPAÑO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BREWER, LORRAINE 801 PINE DR, #17 POMPAÑO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Alfonso Danzuso. 801 Pine Drive #10 Pompano Beach FL33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Ed Bieszczrak. 801 Pine Drive #(18) Pompano Beach FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD Steven Flood . 801 Pine Drive #(20) Pompano Beach FL 33060	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bd Jack Bardakjian. 801 Pine Drive #(4) Pompano Beach FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Raymond Giarrusso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22/2004
Date Daytime Phone #