


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-29-2007 90028 037 ****61.25

DOCUMENT # 709504			
1. Entity 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1160465		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VOUGHT, TOBY 801 PINE DRIVE APT. 15 POMPANO BEACH, FL 33060		Name <i>Edith Van Note</i> Street Address (P.O. Box Number is Not Acceptable) <i>801 Pine Drive #18</i> City <i>Pompano Bch FL</i> FL Zip Code <i>33060</i>	
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 <i>Edith Vought</i>		DATE <i>4/8/07</i>	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANZUSO, ALFONSO 801 PINE DRIVE # 10 POMPANO BEACH, FL 33060 <i>President</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOUGHT, CARLEE 801 PINE DR. #15 POMPANO BEACH, FL 33060 <i>Director</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>OFFICER CARLEE VOUGHT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>801 Pine Dr #15</i> <i>Pomp Bch 33060</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOUGHT, TOBY 801 PINE DRIVE # 15 POMPANO BEACH, FL 33060 <i>Vice Pres</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP Ed Bieszczak</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>801 Pine Dr #19</i> <i>Pomp Bch 33060</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONIHAN, KEVIN 801 PINE DR. #20 POMPANO BEACH, FL 33060 <i>Director</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAN NOTE, EDITH 801 PINE DRIVE # 18 POMPANO BEACH, FL 33060 <i>Treasurer</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIPENA, JAMIE 801 PINE DR. #16 POMPANO BEACH, FL 33060 <i>Secretary</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Edith Vought</i>		Date <i>3/27/07</i> (954) Daytime Phone # <i>854-2014</i>	

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