

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709504

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** COLONIAL GARDENS APARTMENTS, INC., A CONDOMINIUM

**Current Principal Place of Business:**

801 PINE DRIVE  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

801 PINE DRIVE  
# 20  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

801 PINE DRIVE  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 59-1160465      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOYNIHAN, KEVIN S/T  
801 PINE DRIVE  
# 20  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DANZUSO, GEORGANN  
Address: 801 PINE DRIVE #10  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP  
Name: BIESZCZAK, EDWARD  
Address: 801 PINE DR. #19  
City-St-Zip: POMPANO BEACH, FL 33060

Title: S/T  
Name: MOYNIHAN, KEVIN  
Address: 801 PINE FRIVE #20  
City-St-Zip: POMPANO BEACH, FL 33060

Title: O/D  
Name: BREWER, LORRAINE  
Address: 801 PINE DR. #17  
City-St-Zip: POMPANO BEACH, FL 33060

Title: O/D  
Name: WOOD, DAVID  
Address: 801 PINE DRIVE #7  
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN MOYNIHAN

S/T

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date