

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90199 047 ****61.25

DOCUMENT # 713388

1. Entity Name

COLONY BAY HARBOR CONDOMINIUM, INC.

Principal Place of Business

9250 WEST BAY HARBOR DRIVE
 BAY HARBOR ISLANDS FL 33154

Mailing Address

9250 WEST BAY HARBOR DRIVE
 BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1202745

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

011400



DO NOT WRITE IN THIS SPACE

6.- Name and Address of Current Registered Agent

7.- Name and Address of New Registered Agent

GOLDNER, LEO
9250 W. BAY HARBOR DR.
BAY HARBOR ISLANDS FL 33154

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	JULIO, FRANK	
STREET ADDRESS	123 HARNED RD	
CITY-ST-ZIP	COMMACK NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOGOCIO, RICCO	
STREET ADDRESS	9250 W BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROPER, JACK	
STREET ADDRESS	9250 W BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDNER, LEO	
STREET ADDRESS	9250 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	REIDER, JAMES	
STREET ADDRESS	9250 W. BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELIK, YOLANDE	
STREET ADDRESS	9250 W. BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR FL 33154	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **1/18/01 305-865-5590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)