

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715624 (3)

1. Corporation Name

COLONIAL MANOR EAST APARTMENTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

ASSOCIATION, INC.
2500 N.E. 9TH STREET
FT. LAUDERDALE FL 33304

ASSOCIATION, INC.
2500 N.E. 9TH STREET
FT. LAUDERDALE FL 33304-3550

3. Date Incorporated or Qualified
11/22/1968

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

Country

4. FEI Number
59-2161999

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLIAKOFF, GARY A
BECKER & POLIAKOFF, PA
3111 STIRLING RD
FT LAUDERDALE FL 33310

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME TD
BLACK, THOMAS
STREET ADDRESS 2500 NE 9TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33304

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME PD
BLACK, SALLY
STREET ADDRESS 2500 N.E. 9TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33304

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME VPD
MUELLER, EDWARD
STREET ADDRESS 2500 N.E. 9TH ST.
CITY-ST-ZIP FORT LAUDERDALE FL 33304

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME DIR
CORNELL, GEORGE
STREET ADDRESS 2500 N.E. 9TH st.
CITY-ST-ZIP FORT LAUDERDALE, FL, 33304

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME DIR
BURDETTE, JACK
STREET ADDRESS 2500 N.E. 9TH ST.
CITY-ST-ZIP FORT LAUDERDALE, FL. 33304

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *THOMAS BLACK* Thomas Black STD 1-3-97 954-564-5183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035546

CR2E037 (9/96)