

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715624 (3)**

1. Corporation Name  
**COLONIAL MANOR EAST APARTMENTS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business ASSOCIATION, INC. 2500 N.E. 9TH STREET FT. LAUDERDALE FL 33304	Mailing Address ASSOCIATION, INC. 2500 N.E. 9TH STREET FT. LAUDERDALE FL 33304
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3. Date incorporated or Qualified <b>11/22/1968</b>	
4. FEI Number <b>59-2161999</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	BLACK, THOMAS
STREET ADDRESS	2500 NE 9TH ST
CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE	PD <input type="checkbox"/> DELETE
NAME	BLACK, SALLY
STREET ADDRESS	2500 N.E. 9TH ST
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	MUELLER, EDWARD
STREET ADDRESS	2500 N.E. 9TH ST.
CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	D <input type="checkbox"/> DELETE
NAME	CORNELL, GEORGE
STREET ADDRESS	2500 NE 9TH ST
CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BURDETTE, JACK
STREET ADDRESS	2500 NE 9TH ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JEFF IORIO
STREET ADDRESS	2500 N.E. 9TH ST
CITY-ST-ZIP	Ft. Lauderdale, FL 33304

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	MICHAEL SOLOMON MGR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1231 SUSSEX DRIVE
1.3 STREET ADDRESS	N. LAUDERDALE, FL 33068
1.4 CITY-ST-ZIP	M.L.M. MANAGEMENT CORP. <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 B. Black, Esq. ED TREAS.* 1-22-98 954-564-5183

CR2E037 (10/97)