FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

NAME

STREET ADDRESS

DOCUMENT #

715624

(3)

COLONIAL MANOR EAST APARTMENTS CONDOMINIUM ASSOCIATION INC.

FILED Feb 03 1998 8:00am Secretary of State

IATION, INC.			
Principal Place of Business Mailing Address		!	
ASSOCIATION, INC. 2500 N.E. 9TH STREET 2500 N.E. 9TH STREET			3. Date Incorporated or Qualified
FT. LAUDERDALE FL 33304	FT. LAUDERDALE FL 33304		11/22/1968 4. FEI Number Applied For
2. Principal Place of Business	2a. Mailing Address		59-2161999 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	City & State		7. Is this nonprofit corporation a homeowners association?
Zip Country 25	Zip Cor 29 30	untry	79 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent
		81	1 Name
POLIAKOFF, GARY A BECKER & POLIAKOFF, PA 3111 STIRLING RD		82	2 Street Address (P.O. Box Number is Not Acceptable)
		83	3
FT LAUDERDALE FL 33310			FL T
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			
			ADDITIONAL OFFICE OF CONTROL OF AND DIDEOTORS IN 10

OFFICERS AND DIRECTOR MICHAEL SOLUMON MER. - Change DELETE 1.1 TITLE TITLE 1231 SUSSEX DRIVE N. LAUDERDALE, FL. 33068 1.2 NAME NAME BLACK, THOMAS 2500 NE 9TH ST 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33304 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change TITLE BLACK, SALLY 2.2 NAME NAME STREET ADDRESS 2500 N.E. 9TH ST 2.3 STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-SI-ZIP 2. 4 CITY-ST-ZIP Change DELETE TITLE 3.1 TITLE MUELLER, EDWARD 3.2 NAME NAME 2500 N.E. 9TH ST. 3.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33304 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME CORNELL, GEORGE 4. 2 NAME STREET ADDRESS 2500 NE 9TH ST 4.3 STREET ADDRESS 33304 FT LAUDERDALE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME BURDETTE, JACK 5.2 NAME 2500 NE 9TH ST 5.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FI 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE

14. 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 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.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE: MONOUS BLAND ISENTED READ

1-22-98

454-564-5183

CR2E037 (10/97)