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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715624

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 <i>MLM Property Mgmt Corp.</i>	11/22/1968
22 City & State	27 <i>1231 SUSSEX DR</i>	4. FEI Number
23 Zip	28 <i>North Lauderdale FL</i>	59-2161999
24 Country	29 <i>33068</i>	Applied For
	30 <i>USA</i>	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMAN, MICHAEL	1.2 NAME	
STREET ADDRESS	1231 SUSSEX DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	5D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, SALLY	2.2 NAME	SALLY BLACK
STREET ADDRESS	2500 N.E. 9TH ST	2.3 STREET ADDRESS	2500 NE. 9th St. # 102
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	Fort Lauderdale, FLA. 33304
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IORIO, JEFF	3.2 NAME	Francis Rich
STREET ADDRESS	2500 N.E. 9TH ST.	3.3 STREET ADDRESS	2500 NE 9th St # 204
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	3.4 CITY-ST-ZIP	Fort Lauderdale FLA 33304
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELL, GEORGE	4.2 NAME	George Cornell
STREET ADDRESS	2500 NE 9TH ST	4.3 STREET ADDRESS	2500 NE 9th St # 112
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Fort Lauderdale FLA 33304
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Thomas Black
STREET ADDRESS		5.3 STREET ADDRESS	2500 NE 9th St # 102
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fort Lauderdale, FLA. 33304
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ED Mueller
STREET ADDRESS		6.3 STREET ADDRESS	2500 NE 9th St # 302
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort Lauderdale, FLA. 33304

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, with all other like empowered.

SIGNATURE: *George A. Cornell* **GEORGE A. CORNELL** 1/27/99 954-565-0937
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)