

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90086 025 \*\*\*\*61.25

**DOCUMENT # 715624**

1. Entity Name

**COLONIAL MANOR EAST APARTMENTS CONDOMINIUM ASSOC**

Principal Place of Business

Mailing Address

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

MLM PROPERTY MGMT CORP  
 1231 SUSSEX DR  
 N LAUDERDALE FL 33068-5381

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2161999**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	VPD	<input type="checkbox"/> Delete
NAME	RICH, FRANCIS	
STREET ADDRESS	2500 NE 9TH ST 204	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLACK, SALLY	
STREET ADDRESS	2500 NE 9TH ST 102	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACK, THOMAS	
STREET ADDRESS	2500 NE 9TH ST 102	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CORNELL, GEORGE	
STREET ADDRESS	2500 NE 9TH ST 112	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUELLER, ED	
STREET ADDRESS	2500 NE 9TH ST 302	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK Burdette	
STREET ADDRESS	2500 NE 9th Street # 304	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN WALNE	
STREET ADDRESS	2500 NE 9th Street # 309	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Coleman	
STREET ADDRESS	2500 NE 9th St # 301	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE		<input 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X 1/13/2000*  
 Date Daytime Phone #