

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90284 040 ****61.25

DOCUMENT # 715624

1. Entity Name

COLONIAL MANOR EAST APARTMENTS CONDOMINIUM ASSOC

Principal Place of Business

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

Mailing Address

MLM PROPERTY MGMT CORP
 1231 SUSSEX DR
 N LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Colonial Manor EAST Apts. Condo Assoc.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2500 NE 9th ST.

City & State
FORT LAUDERDALE, FLA.

City & State

4. FEI Number
59-2161999

Applied For
 Not Applicable

Zip
33304

Country
USA

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

| | | |
|----------------|--------------------------|--|
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | RICH, FRANCIS | |
| STREET ADDRESS | 2500 NE 9TH ST 204 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33304 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | BURDETTO, JACK | |
| STREET ADDRESS | 2500 NE 9TH ST 102 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33304 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WALNE, JOAN | |
| 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 type="checkbox"/> Delete |
| NAME | COLEMAN, RONALD | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANCES RICH | |
| STREET ADDRESS | 2500 NE 9th ST. # 204 | |
| CITY-ST-ZIP | Fort Lauderdale, FLA. 33304 | |
| TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Thomas BLACK | |
| STREET ADDRESS | 2500 NE 9th ST # 102 | |
| CITY-ST-ZIP | Fort Lauderdale, FLA. 33304 | |
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JORGE SANCHEZ | |
| STREET ADDRESS | 2500 NE 9th ST. # 303 | |
| CITY-ST-ZIP | Fort Lauderdale, FLA. 33304 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

George Cornell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/01 *954-565-0937*

CR2E037 (10/00)