


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90053 028 ****61.25

DOCUMENT # 715624

1. Entity Name
COLONIAL MANOR EAST APARTMENTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**COLONIAL MANOR EAST APTS. CONDO ASSOC.
 2500 N.E. 9TH STREET
 FT. LAUDERDALE, FL 33304**

Mailing Address
**USA SERVICES
 7400 NORTHWEST 51ST STREET
 FORT LAUDERDALE, FL 33319**

54029172



2. Principal Place of Business

3. Mailing Address
USA SERVICES

Suite, Apt. #, etc.

Suite, Apt. #, etc.
6915 TAFT STREET

City & State
HOLLYWOOD, FL

Zip Country
33024 USA

03022004 Chg-NP - CR2E037 (10/03)

4. FEI Number
59-2161999

Applied For
 Not Applicable

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 State Zip Code
FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IORIO, JEFF 2500 N.E. 9TH ST. #203 FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELL, GEORGE 2500 NE 9TH ST 112 FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORNELL, GEORGE 2500 N.E. 9TH STREET #112 FT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDD BLACK, THOMAS 2500 NE 9TH ST #102 FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IORIO, JEFF 2500 NE 95 STREET #203 FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLON, ANN 2500 N.E. 9TH STREET, #208 FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Treas. Elizabeth Latits 2500 N.E. 9TH ST. #309 St. Lauderdale, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Morgan Dorelson 2500 N.E. 9TH ST. #204 St. Lauderdale, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 A. Cornell - **GEORGE A. CORNELL** H/5/04 954.565-0937

Signature and typed or printed name of signing officer or director Date Daytime Phone #