

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90227 005 ****61.25

60033622



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
 6915 TAFT STREET
 HOLLYWOOD, FL 33024 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

04152006 Chg-NP CR2E037 (11/05)

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

SIGNATURE _____ DATE _____

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

Filing Fee is \$61.25 Due by May 1, 2006

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	ST	<input checked="" type="checkbox"/> Delete
NAME	LATITS, ELIZABETH	
STREET ADDRESS	2500 N.E. 9TH ST. #309	
CITY-ST-ZIP	FT LAUDERDALE, FL 33304	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DONELSON, MORGAN	
STREET ADDRESS	2500 N.E. 9TH ST. #204	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORNELL, GEORGE	
STREET ADDRESS	2500 N.E. 9TH STREET #112	
CITY-ST-ZIP	FT 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	P	<input type="checkbox"/> Delete
NAME	ALBERT, ELIZABETH	
STREET ADDRESS	2500 NE 9TH ST APT 304	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PCATENA, RON	
STREET ADDRESS	2500 N.E. 9TH STREET, #110	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATH BAKER, KATHERINE	
STREET ADDRESS	2500 NE 9TH STREET, # 306	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, ELIZABETH	
STREET ADDRESS	2500 NE 9TH STREET, APT 304	
CITY-ST-ZIP	FORT 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 exemptions contained in Chapter 119, 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: *Katherine Baker* **KATHERINE BAKER** 4/25/06 954-803-6068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #