


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90039 046 ****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
 6915 TAFT STREET
 HOLLYWOOD, FL 33024 US**

40052172



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

03302007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	<input type="checkbox"/> Delete
P.	CATENA, RON	2500 NE 9TH ST., #110	FORT LAUDERDALE, FL 33304	<input type="checkbox"/>
ST	BAKER, KATHERINE	2500 NE 9TH ST., #306	FORT LAUDERDALE, FL 33304	<input type="checkbox"/>
D	CORNELL, GEORGE	2500 N.E. 9TH STREET #112	FT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete <i>has</i>
VP	ALBERT, ELIZABETH	2500 NE 9TH ST APT 304	FORT LAUDERDALE, FL 33304	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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