

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 APR 20 PM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **739240** (0)

1. Corporation Name

COLONIAL HOUSE CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1100 ATLANTIC SHORES BLVD. APT. 305 HALLANDALE FL 33009	1100 ATLANTIC SHORES BLVD. APT. 305 HALLANDALE FL 33009

3. Date Incorporated or Qualified 06/08/1977	3a. Date of Last Report 03/16/1994
4. FEI Number 59-1842134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**DAMMYER, DANIEL L
5975 W SUNRISE BLVD
SUNRISE FL 33313**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANGOLD, RAY	1.2 NAME	<i>Rangold Ray</i>
STREET ADDRESS	1050 ATLANTIC SHORES	1.3 STREET ADDRESS	<i>1050 Atlantic Shores</i>
CITY-ST-ZIP	HALLANDALE, FL 00000	1.4 CITY-ST-ZIP	<i>Hallandale</i>
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSI, JIM	2.2 NAME	<i>Ann Mae Deinhower</i>
STREET ADDRESS	1100 ATLANTIC SHORES	2.3 STREET ADDRESS	<i>1100 Atlantic Shores</i>
CITY-ST-ZIP	HALLANDALE, FL 00000	2.4 CITY-ST-ZIP	<i>Hallandale FL 33005</i>
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILER, C. GENE	3.2 NAME	<i>Secretary C Gene</i>
STREET ADDRESS	1100 ATLANTIC SHORES	3.3 STREET ADDRESS	<i>1100 Atlantic Shores</i>
CITY-ST-ZIP	HALLANDALE, FL 00000	3.4 CITY-ST-ZIP	<i>Hallandale</i>
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBOIRAN, GILBERT	4.2 NAME	<i>President / D Liboiran Gilbert</i>
STREET ADDRESS	1100 ATLANTIC SHORES	4.3 STREET ADDRESS	<i>1050 Atlantic Shores</i>
CITY-ST-ZIP	HALLANDALE, FL 00000	4.4 CITY-ST-ZIP	<i>Hallandale</i>
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTVIN, JEANNINE	5.2 NAME	<i>VP</i>
STREET ADDRESS	1100 ATLANTIC SHORES	5.3 STREET ADDRESS	<i>Jeague chevrefils</i>
CITY-ST-ZIP	HALLANDALE, FL 00000	5.4 CITY-ST-ZIP	<i>1100 Atlantic Shores</i>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gilbert Liboiran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-95

Date

Daytime Phone #