

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **739240** (0)
1. Corporation Name
COLONIAL HOUSE CONDOMINIUM, INC.



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

3. Date Incorporated or Qualified: **06/08/1977**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-1842134**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 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
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RANGOLD, RAY	
STREET ADDRESS	1050 ATLANTIC SHORES	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEINHOWER, ANNA MAE	
STREET ADDRESS	1100 ATLANTIC SHORES	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SILER, C. GENE	
STREET ADDRESS	1100 ATLANTIC SHORES	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LIBOIRAN, GILBERT	
STREET ADDRESS	1050 ATLANTIC SHORES	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CHEVREFILIS, JACQUE	
STREET ADDRESS	1100 ATLANTIC SHORES	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Vincent Vacca
13 STREET ADDRESS	PO Box 22 3084-NIA
14 CITY-ST-ZIP	Hollywood, FL 33022
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Adolph Sylvester
23 STREET ADDRESS	1050 Atlantic Shores
24 CITY-ST-ZIP	Hallandale, FL 33009
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Nat Wheatman
33 STREET ADDRESS	1050 Atlantic Shores
34 CITY-ST-ZIP	Hallandale FL 33009
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Sebastano Gurrieri
43 STREET ADDRESS	1150 Atlantic Shores
44 CITY-ST-ZIP	Hindale FL 33009
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Rosario C. Cataldo
53 STREET ADDRESS	1100 Atlantic Shores
54 CITY-ST-ZIP	Hindale FL 33009
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	200001877702
63 STREET ADDRESS	-06/27/96--01030--011
64 CITY-ST-ZIP	***61.25

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 119.07(3)(k), 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: *Sebastano Gurrieri*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 05/27/96

CR2E037 (12/95)