


FILED
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Secretary of State

03-08-1999 90078 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739240

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/08/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1842134
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JIM GROSSI		1.2 NAME Richard Adams	
STREET ADDRESS 1100 ATLANTIC SHORES		1.3 STREET ADDRESS 1100 Atlantic Shores Blvd	
CITY-ST-ZIP HALLANDALE FL		1.4 CITY-ST-ZIP Hallandale FL 33009	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROCKY CONTI		2.2 NAME Colleen Rabena	
STREET ADDRESS 1150 ATLANTIC SHORES		2.3 STREET ADDRESS 1100 Atlantic Shores Blvd	
CITY-ST-ZIP HALLANDALE FL		2.4 CITY-ST-ZIP Hallandale FL 33009	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MICHAEL FORINO		3.2 NAME Jeannine Potvin	
STREET ADDRESS 1050 ATLANTIC SHORES		3.3 STREET ADDRESS 1100 Atlantic Shores Blvd	
CITY-ST-ZIP HALLANDALE FL		3.4 CITY-ST-ZIP Hallandale FL 33009	
TITLE PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Past Secretary / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GURRIERI, SEBASTANO		4.2 NAME Pat Rabena	
STREET ADDRESS 1150 ATLANTIC SHORES		4.3 STREET ADDRESS 1100 Atlantic Shores Blvd	
CITY-ST-ZIP HALLANDALE FL 33009		4.4 CITY-ST-ZIP Hallandale FL 33009	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHEVREFILS, JACQUES		5.2 NAME Chevrefils Jacques	
STREET ADDRESS 1100 ATLANTIC SHORES		5.3 STREET ADDRESS 1100 Atlantic Shores	
CITY-ST-ZIP HALLANDALE FL 33009		5.4 CITY-ST-ZIP Hallandale FL 33009	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Gilbert LaCroix	
STREET ADDRESS		6.3 STREET ADDRESS 1100 Atlantic Shores Blvd	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Hallandale FL 33009	

14. 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 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, with all other like empowered.

SIGNATURE: JEANNINE POTVIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: Feb 27, 1999 Daytime Phone # _____

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