

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739240

1. Entity Name

COLONIAL HOUSE CONDOMINIUM, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90083 007 \*\*\*\*61.25

|  |   |
|--|---|
| Principal Place of Business<br>1100 ATLANTIC SHORES BLVD.<br>APT. 305<br>HALLANDALE FL 33009 | Mailing Address<br>1100 ATLANTIC SHORES BLVD.<br>APT. 305<br>HALLANDALE FL 33009-2641 |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |  |  |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>59-1842134</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |  |
| Zip                            | Country | Zip                 | Country |   |  |  |  |

|   |  |  |  |  |  |  |  |    |  |          |  |
|---|--|--|--|--|--|--|--|----|--|----------|--|
| 6. Name and Address of Current Registered Agent                                   |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |    |  |          |  |
| <b>DAMMYER, DANIEL L</b><br><b>5975 W SUNRISE BLVD</b><br><b>SUNRISE FL 33313</b> |  |  |  | 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.

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS |                                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
|----------------------------|-------------------------------------|--|---|---|--|
| TITLE                      | VP. <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | ADAMS, RICHARD                      |  | NAME  |   |  |
| STREET ADDRESS             | 1100 ATLANTIC SHORES BLVD.          |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | HALLANDALE FL 33009                 |  | CITY-ST-ZIP   |   |  |
| TITLE                      | P <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | RABENA, COLLEEN                     |  | NAME  |   |  |
| STREET ADDRESS             | 1100 ATLANTIC SHORES BLVD.          |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | HALLANDALE FL 33009                 |  | CITY-ST-ZIP   |   |  |
| TITLE                      | T <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | POTVIN, JEANNINE                    |  | NAME  |   |  |
| STREET ADDRESS             | 1100 ATLANTIC SHORES BLVD.          |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | HALLANDALE FL 33009                 |  | CITY-ST-ZIP   |   |  |
| TITLE                      | S <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | RABENA, PAT                         |  | NAME  |   |  |
| STREET ADDRESS             | 1100 ATLANTIC SHORES BLVD.          |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | HALLANDALE FL 33009                 |  | CITY-ST-ZIP   |   |  |
| TITLE                      | D <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | CHEVREFILS, JACQUES                 |  | NAME  |   |  |
| STREET ADDRESS             | 1100 ATLANTIC SHORES                |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | HALLANDALE FL 33009                 |  | CITY-ST-ZIP   |   |  |
| TITLE                      | D <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | LACROIX, GILBERT                    |  | NAME  |   |  |
| STREET ADDRESS             | 1100 ATLANTIC SHORES BLVD.          |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | HALLANDALE FL 33009                 |  | CITY-ST-ZIP   |   |  |

12. 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 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: STENANUDE POTVIN  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 6 - 2000 954 583-4321  
 Date Daytime Phone #

CR2E037 (9/99)