

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N31184** (7)
1. Corporation Name
COLONY COURTS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
DCI 2901 SIMMS ST. HOLLYWOOD FL 33020 US
DCI 2901 SIMMS ST. HOLLYWOOD FL 33020 US

3. Date Incorporated or Qualified **03/14/1989** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business 2a. Mailing Address
21 **Diversified Mgt. Services** 26 **Diversified Mgt. Services**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **P.O. Box 451418** 27 **P.O. Box 451418**
City & State City & State
23 **SUNRISE, FL** 28 **SUNRISE, FL**
Zip Country Zip Country
24 **33345-1418** 25 **USA** 29 **33345-1418** 30 **USA**

4. FEI Number **65-0126270** Applied For Not Applicable
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

9. Name and Address of Current Registered Agent

**KAYE AND ROGER PA
1500 W CYPRESS CREEK RD
SUITE 207
FT LAUDERDALE FL 33309**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSS, JIM	
STREET ADDRESS	3746 NW 122 TERR	
CITY - ST - ZIP	SUNRISE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FORGET, ROGER	
STREET ADDRESS	3647 NW 122 TERR	
CITY - ST - ZIP	SUNRISE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, BRAD	
STREET ADDRESS	3625 NW 121 AVE	
CITY - ST - ZIP	SUNRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUFFEY, RON	
STREET ADDRESS	3635 NW 122 AVE	
CITY - ST - ZIP	SUNRISE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOLMES, DIANE	
STREET ADDRESS	3769 N.W. 121ST AVE.	
CITY - ST - ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D ELIZABETH BONFIA
6.3 STREET ADDRESS	3757 N.W. 121 AVE
6.4 CITY - ST - ZIP	SUNRISE FL 33323

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: **JAMES A. ROSS** 3/8/96 305-746-9791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)