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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
% DIVERSIFIED MANAGEMENT SERVICES 8457 W. OAKLAND PARK BLVD. SUNRISE FL 33351 US	% DIVERSIFIED MANAGEMENT SERVICES 8457 W. OAKLAND PARK BLVD. SUNRISE FL 33351-7363 US

3. Date Incorporated or Qualified: 03/14/1989
3a. Date of Last Report: 03/21/1996

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, JIM		1.2 NAME	
STREET ADDRESS	3746 NW 122 TERR		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FORGET, ROGER		2.2 NAME	
STREET ADDRESS	3647 NW 122 TERR		2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, BRAD		3.2 NAME	
STREET ADDRESS	3625 NW 121 AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DUFFEY, RON		4.2 NAME	
STREET ADDRESS	3635 NW 122 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, DIANE		5.2 NAME	
STREET ADDRESS	3769 N.W. 121ST AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BONFIG, ELIZABETH		6.2 NAME	
STREET ADDRESS	3757 NW 121 AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: James Bonfig FILED 1/10/97 746-5791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0037669