FILE NOW: FILING FEE IS $61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

3. Date Incorporated or Qualified: 03/14/1989

4. FEI Number: 65-0126270 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: KAYE & ROGER, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 6261 NW 6th Way, Ste. 103
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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 _____ 1/26/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	SD	☐ Change ☒ Addition
NAME	DUFFEY, RON		4. 2 NAME	Joerger, Brian	
STREET ADDRESS	3635 NW 122 AVE		4.3 STREET ADDRESS	12166 NW 36th Place	
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BONFIG, ELIZABETH		5.2 NAME		
STREET ADDRESS	3757 NW 121 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33323		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: _____ 1/26/98 (954) 572-1880