

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90003 019 ****61.25

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DOCUMENT # N31184

1. Corporation Name

COLONY COURTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 451418
Suite, Apt. #, etc.

27 Sunrise FL

28 City & State

29 33345-1418 30 USA

3. Date Incorporated or Qualified

03/14/1989

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

9. Name and Address of Current Registered Agent

KAYE AND ROGER PA
6261 NW 6TH WAY, STE. 103
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 ☒ DELETE
NAME ROSS, JIM
STREET ADDRESS 3746 NW 122 TERR
CITY-ST-ZIP SUNRISE FL

TITLE VPD ☐ DELETE
NAME FORGET, ROGER
STREET ADDRESS 3647 NW 122 TERR
CITY-ST-ZIP SUNRISE FL

TITLE TD ☐ DELETE
NAME JOHNSTON, BRAD
STREET ADDRESS 3625 NW 121 AVE
CITY-ST-ZIP SUNRISE FL

TITLE SD ☐ DELETE
NAME JOERGER, BRIAN
STREET ADDRESS 12166 NW 36TH PLACE
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☒ DELETE
NAME BONFIG, ELIZABETH
STREET ADDRESS 3757 NW 121 AVE
CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VPDT

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

PD

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth Bonfig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/99 954 572 1880

CR2E037 (11/98)