2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90470 032 ****61.25

DOCUMENT # **707508**

1. Entity Name

COLONIAL MANOR CONDOMINIUM OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
3500 MONROE STREET HOLLYWOOD FL 33021	4205 HAYES STREET HOLLYWOOD FL 33021

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2358389 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERRY, JOHN C
4205 HAYES STREET
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name Lori Sullivan
Street Address (P.O. Box Number is Not Acceptable)
3500 Monroe St #108
City Hollywood FL Zip Code 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X Lori Sullivan LORI SULLIVAN 04-25-2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FERRY, JOHN C 4205 HAYES STREET HOLLYWOOD FL 33021	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Lori Sullivan 3500 monroe St #108 Hollywood FL 33021 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SULLIVAN, LORI 3500 MONROE ST HOLLYWOOD FL 33021	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP John Ferry 3500 monroe St #107 Hollywood, FL 33021 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FERRY, SHARON 3500 MONROE ST HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Lori Sullivan LORI SULLIVAN 04-25-2005 954-989-6685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #