## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

## **Secretary of State DOCUMENT # 707508** 02-15-2006 90046 044 \*\*\*\*61.25 1. Entity Name COLONIAL MANOR CONDOMINIUM OF HOLLYWOOD, INC. Principal Place of Business Mailing Address 4205 HAYES STREET 3500 MONROE STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For 4. FEI Number City & State 59-2358389 Not Applicable \$8.75 Additional Zip . Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SULLIVAN, LORI 3500 MONROE ST # 108 HOLLYWOOD FL 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 the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) . FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Florida Department of State Due By May 1, 2006 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change ✓ Delete TITLE ☐ Addition TITLE onna tora NAME SULLIVAN, LORI NAME so monthes 3500 MONROE ST, # 108 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition FERRY, JOHN NAME NAME 3500 MONROE ST. # 107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP Change Addition Delete Delete TITLE TITLE FERRY, SHARON NAME STREET ADDRESS 3500 MONROE ST STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

FILED

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Feb 15, 2006 8:00 am