

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715624

Entity Name: COLONIAL MANOR EAST APARTMENTS CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 22, 2022
Secretary of State
1420418040CC

Current Principal Place of Business:

2500 NE 9TH STREET
FT LAUDERDALE, FL 33304

Current Mailing Address:

C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
BOCA RATON, FL 33428 US

FEI Number: 59-2161999

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA SKYLINE MANAGEMENT
FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
BOCA RATON , FL 33428 US

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.

SIGNATURE: KARLA RAMIREZ

01/22/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name BLACK, SARAH
Address C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
City-State-Zip: BOCA RATON FL 33428

Title TREASURER
Name WARNER , FRANK
Address C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR
Name WARNER, VALERIE
Address C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
City-State-Zip: BOCA RATON FL 33428

Title VP
Name HIME, DEBORAH
Address C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
City-State-Zip: BOCA RATON FL 33428

Title PRESIDENT
Name WILLIAMS, JOHN
Address C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
City-State-Zip: BOCA RATON FL 33428

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAMS , JOHN

PRESIDENT

01/22/2022

Electronic Signature of Signing Officer/Director Detail

Date