

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 303002

**Entity Name:** COLONIAL RIDGE LANCASTER INC

**FILED**  
**Apr 23, 2020**  
**Secretary of State**  
**4390902778CC**

**Current Principal Place of Business:**

C/O CMC MANAGEMENT  
2950 S JOG ROAD  
GREENACRES, FL 33467

**Current Mailing Address:**

C/O CMC MANAGEMENT  
2950 S JOG ROAD  
GREENACRES, FL 33467 US

**FEI Number: 59-1316811**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CENTURY MANAGEMENT CONSULTANTS, INC  
C/O CMC MANAGEMENT  
2950 S JOG ROAD  
GREENACRES, FL 33467 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: SCOT GERRISH**

**04/23/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FIORINA , EILEEN  
Address        C/O CMC MANAGEMENT  
                  2950 S JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title            VICE PRESIDENT  
Name            BATTLE , GERRI  
Address        C/O CMC MANAGEMENT  
                  2950 S JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title            TREASURER  
Name            FLORINA, EILEEN  
Address        C/O CMC MANAGEMENT  
                  2950 S JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title            SECRETARY  
Name            BATTLE, DENNIS  
Address        C/O CMC MANAGEMENT  
                  2950 S JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title            TREASURER  
Name            BATTLE, GERRI  
Address        C/O CMC MANAGEMENT  
                  2950 S JOG ROAD  
City-State-Zip: GREENACRES FL 33467

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: EILEEN FIORINA**

**PRESIDENT**

**04/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date