

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 288619

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** COLONIAL RIDGE MONTICELLO INC

**Current Principal Place of Business:**

5505 N OCEAN BLVD  
OCEAN RIDGE, FL 33435

**New Principal Place of Business:**

5505 N OCEAN BLVD  
4-105  
OCEAN RIDGE, FL 33435

**Current Mailing Address:**

5505 N OCEAN BLVD  
APT #4.105  
OCEAN RIDGE, FL 334357002 US

**New Mailing Address:**

**FEI Number:** 59-1318191      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SIDORIK, ROBERT  
5505 N. OCEAN BLVD.  
APT # 4-105  
BOYNTON BEACH, FL 33435 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: COLICO, LEN  
Address: 5505 N OCEAN BLVD. APT 4-202  
City-St-Zip: OCEAN RIDGE, FL 334357080

Title: S  
Name: COSTELLO, JOHN  
Address: 5505 N OCEAN BLVD APT4-201  
City-St-Zip: OCEAN RIDGE, FL 334357002

Title: T  
Name: BERNKLAU, MARY ELLEN  
Address: 5505 N OCEAN BLVD APT 4-105  
City-St-Zip: OCEAN RIDGE, FL 334357080

Title: P  
Name: SIDORIK, ROBERT  
Address: 5505 N OCEAN BLVD APT 4-105  
City-St-Zip: OCEAN RIDGE, FL 334357080

Title: D  
Name: JOLLEY, ROBERT F  
Address: 5505 N OCEAN BLVD APT 4-103  
City-St-Zip: OCEAN RIDGE, FL 334357080

Title: D  
Name: AMAGAT, FRANCOISE  
Address: 5505 N OCEAN BLVD, APT 4-102  
City-St-Zip: OCEAN RIDGE, FL 334357080

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: ROBERT SIDORIK

P

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date