

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90289 043 ***150.00

DOCUMENT # 303129

1. Entity Name
COLONIAL RIDGE LEXINGTON INC



Principal Place of Business
**5505 NORTH OCEAN BOULEVARD
OCEAN RIDGE, FL 33435**

Mailing Address
**5505 NORTH OCEAN BOULEVARD
OCEAN RIDGE, FL 33435**

20018946

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1315249

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN PORTER ACCOUNTING
1403 W. BOYNTON BEACH BLVD., #9
BOYNTON BEACH, FL 33426**

Name

Street Address (Please print name and address)

John Porter Accounting

400 S. Federal Hwy. • Suite 404

City

Boynton Beach, FL 33435

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/23/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Delete
NAME HOERENER, ROBERT
STREET ADDRESS 5505 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE, FL 33435

TITLE ☐ Change ☒ Addition
NAME **Representative to CR Maintenance Committee**
STREET ADDRESS **Hoerrner, Robert**
CITY-ST-ZIP **5505 N. Ocean Blvd. #9-206**
Ocean Ridge, FL 33435

TITLE PD ☒ Delete
NAME KERDOCK, RICHARD
STREET ADDRESS 5505 N. OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE, FL 33425

TITLE ☐ Change ☒ Addition
NAME **Kerdok, Richard**
STREET ADDRESS **141 Hosmer Street**
CITY-ST-ZIP **Hudson, MA 01749**

TITLE D ☐ Delete
NAME PORTER, JOHN
STREET ADDRESS 5505 N. OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE, FL 33435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME NUNN, BARBARA
STREET ADDRESS 5505 N. OCEAN BLVD.
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE ☐ Change ☒ Addition
NAME **STD NUNN, BARBARA**
STREET ADDRESS **11055 Cypress Run Circle**
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE D ☒ Delete
NAME MONAHAN, JOHN T
STREET ADDRESS 5505 N. OCEAN BLVD.
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

Barbara Nunn (BARBARA NUNN)

2/26/05

954-270-3903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #