2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 303130

Title:

Name:

Address:

City-St-Zip:

FILED Feb 12, 2009 Secretary of State

Entity Nam	ie: COLONIAL	RIDGE RICHMOND INC			•	
Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
	"H OCEAN BL\ DGE, FL 33435					
Current Ma	iling Address	:	New Mailir	New Mailing Address:		
	"H OCEAN BL\ DGE, FL 33435					
FEI Number:	59-1318534	FEI Number Applied For ()	El Number Not Appli	cable () Cer	tificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
KNEHR, DOROTHY 5505 N. OCEAN BLVD. RICHMOND BLDG. APT. 202 OCEAN RIDGE, FL 33435 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,						
in the State						
SIGNATUR		Signature of Registered Agent		Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				S/CHANGES TO	OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPD () E DEMEO, JULIAN 5505 N OCEAN E OCEAN RIDGE, F	LVD	Title: Name: Address: City-St-Zip:	()Chai	nge () Addition	
Title: Name: Address: City-St-Zip:	DST () DEMEO, ANN 5505 N OCEAN E OCEAN RIDGE, F		Title: Name: Address: City-St-Zip:	ST (X) Cha DEMEO, ANN 5505 N OCEAN BLVI OCEAN RIDGE, FL		
Title: Name: Address: City-St-Zip:	PD () E KNEHR, DOROTH 5505 N OCEAN E OCEAN RIDGE. F	SLVD	Title: Name: Address: Citv-St-Zip:	()Chai	nge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DOROTHY KNEHR P 02/12/2009

() Delete

BOYNTON BEACH, FL 33426

1403 WEST BOYNTON BEACH BLVD #9

PORTER, JOHN

(X) Change () Addition

PORTER, JOHN

400 S FEDERAL HWY STE 404

BOYNTON BEACH, FL 33435