

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709504

FILED
Apr 13, 2009
Secretary of State

Entity Name: COLONIAL GARDENS APARTMENTS, INC., A CONDOMINIUM

Current Principal Place of Business:

801 PINE DRIVE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

801 PINE DRIVE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 59-1160465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN NOTE, EDITH
801 PINE DRIVE
18
POMPANO BEACH, FL 33060 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: P () Delete
Name: BIESZCZAK, ED
Address: 801 PINE DRIVE #19
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP () Delete
Name: VOUGHT, CARLEE
Address: 801 PINE DR. #15
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP () Delete
Name: BIESZCZAK, ED
Address: 801 PINE FRIVE #19
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: MOYNIHUA, KEVIN
Address: 801 PINE DR. #20
City-St-Zip: POMPANO BEACH, FL 33060

Title: S/T () Delete
Name: VANNOTE, EDITH
Address: 801 PINE DRIVE #18
City-St-Zip: POMPANO BEACH, FL 33060

Title: D (X) Delete
Name: DIPERNA, JAMIE
Address: 801 PINE DRIVE #16
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O/D (X) Change () Addition
Name: BARDAKJIAN, JACK
Address: 801 PINE FRIVE #4
City-St-Zip: POMPANO BEACH, FL 33060

Title: O/D (X) Change () Addition
Name: BREWER, LORRAINE
Address: 801 PINE DR. #17
City-St-Zip: POMPANO BEACH, FL 33060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: LORRAINE BREWER

O/D

04/13/2009

Electronic Signature of Signing Officer or Director

Date