2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 28, 2008 8:00 am **Secretary of State DOCUMENT #717288** 02-28-2008 90018 021 ****70.00 COLONIAL MANOR WEST APARTMENTS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40030000 C/O ABSOLUTE PROPERTY MANAGEMENT C/O ABSOLUTE PROPERTY MANAGEMENT 541 SOUTH STATE ROAD 7, #12 541 SOUTH STATE ROAD 7, #12 MARGATE, FL 33068 MARGATE, FL 33068 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082008 Chq-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-1535216 Not Applicable Country \$8.75 Additional____ Zip Country Zip 5. Certificate of Status Desired ----7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABSOLUTE PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 541 SOUTH STATE ROAD 7, #12 MARGATE, FL 33068 Zip Code City FL 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 il applicable (NOTE: Registered Agent signature required when reinstating) CATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to \Box Due by May 1, 2008 Trust Fund Contribution Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D Change PΩ Delete TITLE ☐ Addition TITLE STERN, JUDITH NAME NAME STREET ADDRESS STREET ADDRESS 2424 NE 9TH STREET #308 CITY-ST-ZIP FORT LAUDERDALE, FL 33304 CITY-ST-ZIP ۷P ☐ Delete TITLE Change Addition TITLE CONROY, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 2424 NE 9TH ST. #108 FORT LAUDERDALE, FL 33304 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition TITLE NAME HAGLOCK, DAVID NAME STREET ADDRESS 2424 NE 91ST, #305 STREET ADDRESS CiTY+ST-7IP CITY-ST-ZIP FORT LAUDERDALE, FL 33304 TITLE Delete TITLE Fig. .. nanne Addition BORMAN, RICHARD NAME NAME STREET ADDRESS 2424 NE 9 ST # 304 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33304 CITY-ST-ZIP TITLE Change Addition Delete TITLE NIELSON, BEN HAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

2424 NE 9TH STREET #210

BORMAN, EILEEN 2424 NE 9TH ST. #304

FORT LAUDERDALE, FL 33304

FORT LAUDERDALE, FL 33304

D NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition

FILED

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Sp-1535216	DOCUMEN #717288 1. Entity Name COLONIAL MANOR VEST APARTMENTS CONDOMINIUM ASSOCIATION, INC.			ATTACHMENT		
Suite, Apt. #, etc. Suite, Apt. #, etc. C02082008 Chg. NP CR2E037 (12/06) City & State City & State City & State 4. FEI Number Applied S9-1535216 Ret. Applied Ret. Applied S9-1535216 Ret. Applied Ret.	C/O ABSOLUTE PROPERTY MANAGEMENT 541 SOUTH STATE ROAD 7, #12 C/O ABSOLUTE PROPERTY MANAGEMENT 541 SOUTH STATE ROAD 7, #			110025	.020	
City & State	2. Principal Place of Business - No P.O. Box #	3. Mailing Address		40000		
Sp. 1535216 Sp	Suite, Apt. #, etc. Suite, Apt. #, etc.			02082008 Chg-NP	CR2E037 (12/06)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABSOLUTE PROPERTY MANAGEMENT 541 SOUTH STATE ROAD 7, #12 MARGATE, FL 33068 City FL Zop 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 the obligations of registered agent. SIGNATURE Signature, ipperal a consenance of impaired signature interface and familiar with an address of the property of the consenance of impaired signature interface. Filling Foo is \$61.25 Due by May 1, 2008 9. Election Campbigs Financing Trust Fund Contribution. Added to Foes Plorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/C-LANGES TO OFFICERS AND DIRECTORS IN 10 TILE STREET ADDRESS 10. STREET ADDRES	City & State	City & State			No	oplied For of Applicable
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ABSOLUTE PROPERTY MANAGEMENT 541 SOUTH STATE ROAD 7, #12 City FL Zip Code	6. Name and Address of Current I	Registered Agent	Nemo	7. Name and Address of New	v Registered Agent	
City FL Zip Code						
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