

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 721268 (1)  
1. Corporation Name  
COLONIAL CLUB CONDOMINIUM ASSOC. SEC 1, INC.



Principal Place of Business Mailing Address  
26 COLONIAL CLUB DRIVE 26 COLONIAL CLUB DRIVE  
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435  
US US

3. Date Incorporated or Qualified 06/30/1971 3a. Date of Last Report 03/06/1995  
4. FEI Number 59-1534387 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAMEL, MIKE  
C/O FLA PROFESSIONAL BUSINESS SYSTEMS  
1240 SOUTH FEDERAL HIGHWAY  
BOYNTON BEACH FL 33435

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
Pres.	HENRY, KEITH	5 COLONIAL CLUB DR #101	BOYNTON BEACH FL 33435	<input type="checkbox"/>
Treas. & Secy	DOHERTY, JOHN	20 COLONIAL CLUB DR #104	BOYNTON BEACH FL 33435	<input type="checkbox"/>
S	MASTERMAN, JILL	9 COLONIAL CLUB DR #101	BOYNTON BEACH FL	<input checked="" type="checkbox"/>
	BATTITO, JOSEPH	30 COLONIAL CLUB DR #100	BOYNTON BEACH FL	<input type="checkbox"/>
D	DOHERTY, ANDREW	20 COLONIAL CLUB DR #205	BOYNTON BEACH FL 33435	<input checked="" type="checkbox"/>
D	BOYLE, MARGARET	19 COLONIAL CLUB DR #200	BOYNTON BEACH FL 33435	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President & Director				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secy, Treasurer and Director				<input checked="" type="checkbox"/>	<input type="checkbox"/>
MARGARET MEYER, Director		11 Colonial Club Dr #100	BOYNTON BEACH FLORIDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director				<input checked="" type="checkbox"/>	<input type="checkbox"/>
000001836970				<input type="checkbox"/>	<input type="checkbox"/>
-07/17/96--01072--039				<input type="checkbox"/>	<input type="checkbox"/>
***61.25				<input type="checkbox"/>	<input type="checkbox"/>
Vice Pres. & Director				<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

6-19-96 (501) 737-2622

Date

Daytime Phone #