


FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726196** (9)  
 Corporation Name  
**COLLONADE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2189 NE 122ND ST. NO. MIAMI FL 33181</b>	Mailing Address <b>2189 NE 122ND ST. NO. MIAMI FL 33181</b>
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3. Date Incorporated or Qualified <b>04/23/1973</b>
4. FEI Number <b>59-1503580</b>
Applied For <input type="checkbox"/> Not Applicable

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 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SEME, KAREN**  
**2189 N.E. 122 Street**  
**N. MIAMI FL 33181**

10. Name and Address of New Registered Agent  
 81 Name **KAREN Seme**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2189 NE 122 Street**  
 83  
 84 City **No. miami** FL 85 Zip Code **33181**

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 Karen Seme DATE **4-20-98**  
 Signature, typed or printed name of registered agent and (file if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P SEME, KAREN</b>
STREET ADDRESS	<b>2189 N.E. 122 ST.</b>
CITY-ST-ZIP	<b>NO. MIAMI FL 33181</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D EGERT, ALAN</b>
STREET ADDRESS	<b>2187 NE 122 ST</b>
CITY-ST-ZIP	<b>N MIAMI FL 33181</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>T GOLDMAN, GERTRUDE</b>
STREET ADDRESS	<b>2239 NE 122ND ST.</b>
CITY-ST-ZIP	<b>N MIAMI FL 33181</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D PAGANO, JOHN</b>
STREET ADDRESS	<b>2209 NE 122 ST</b>
CITY-ST-ZIP	<b>N MIAMI FL 33181</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T WILKINSON, SALLY</b>
STREET ADDRESS	<b>2293 NE 122 ST</b>
CITY-ST-ZIP	<b>N MIAMI FL 33181</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S STIBER, INGRID</b>
STREET ADDRESS	<b>2275 NE 122 ST</b>
CITY-ST-ZIP	<b>N MIAMI FL 33181</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D MILLER, BETTY</b>
1.3 STREET ADDRESS	<b>2107 NE 122 ST</b>
1.4 CITY-ST-ZIP	<b>NO. MIAMI FL 33181</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D PHILLIPS, MARGIE</b>
2.3 STREET ADDRESS	<b>2193 NE 122 ST</b>
2.4 CITY-ST-ZIP	<b>NORTH MIAMI FL 33181</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D DWAKE, MURIEL</b>
4.3 STREET ADDRESS	<b>2216 NE 122 ST</b>
4.4 CITY-ST-ZIP	<b>NO MIAMI FL 33181</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>S STIBER, INGRID</b>
6.3 STREET ADDRESS	<b>2275 NE 122 Street</b>
6.4 CITY-ST-ZIP	<b>No. miami, FL. 33181</b>

14. 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 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: Karen Seme - Karen Seme - PRESIDENT DATE **4-6-98** **305-899-9349**

CR2E037 (10/97)