2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90106 010 ****61.25

DOCUMENT # 739240

1. Entity Name
COLONIAL HOUSE CONDOMINIUM, INC.

50028791

Principal Place of Business	Mailing Address
1100 ATLANTIC SHORES BLVD. APT. 305 HALLANDALE, FL 33009	5975 W SUNRISE BLVD #216 SUNRISE, FL 33313

DO NOT WRITE IN THIS SPACE

01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1842134
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAMMYER, DANIEL L
5975 W SUNRISE BLVD
SUNRISE, FL 33313

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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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~DUFFY, MICHAEL~~ Jean Lambert
STREET ADDRESS	1100 ATLANTIC SHORES BLVD.
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	P
NAME	RABENA, COLLEEN
STREET ADDRESS	1100 ATLANTIC SHORES BLVD.
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	T
NAME	ROBENA, ROB
STREET ADDRESS	1100 ATLANTIC SHORES BLVD
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	S
NAME	RABENA, PAT
STREET ADDRESS	1100 ATLANTIC SHORES BLVD.
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D
NAME	~~CHEVREFILS, JACQUES~~ Gilbert Larose
STREET ADDRESS	1100 ATLANTIC SHORES
CITY-ST-ZIP	HALLENDALE, FL 33009
TITLE	D
NAME	LACROIX, GILBERT
STREET ADDRESS	1100 ATLANTIC SHORES BLVD.
CITY-ST-ZIP	HALLANDALE, FL 33009

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12. 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 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.

SIGNATURE: Colleen Rabena / COLLEEN RABENA 3/5/05 9544564496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #