

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90397 012 ****61.25

DOCUMENT # 749951

1. Entity Name
COLONY POINT 4 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
11500 COLONY POINT DR.
PEMBROKE PINES, FL 33026

Mailing Address
11500 COLONY POINT DR.
PEMBROKE PINES, FL 33026

DO NOT WRITE IN THIS SPACE



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1954658

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, MARGARET
11500 COLONY POINT DRIVE
PEMBROKE PINES, FL 33025

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IN THIS SPACE**

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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	AMATUCCI, ANGELO
STREET ADDRESS	1101 COLONY POINT CIRCLE 204
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	PD
NAME	JONES, MARGARET
STREET ADDRESS	1101 COLONY PT CIR #112
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	SD
NAME	DAVIS, BARBARA
STREET ADDRESS	1101 COLONY POINT CR #115
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	VP
NAME	SHERMAN, CORINNE
STREET ADDRESS	1101 COLONY POINT CIRCLE 311
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	TD
NAME	GREENFIELD, CYNTHIA
STREET ADDRESS	1101 COLONY POINT CIR #103
CITY-ST-ZIP	HOLLYWOOD, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Margaret Jones MARGARET Jones 4/10/06 954-431-0225