


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90031 016 ****70.00

DOCUMENT #751298 1. Entity Name COLONY POINT 5 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Same as above</i>		City & State <i>Same as above</i>			
Zip		Zip		Country	
4. FEI Number 59-1990415				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTIN, ROBERT C 319 S.E. 14TH STREET FT. LAUDERDALE, FL 33316			Name Street Address (P.O. Box Number is Not Acceptable) <i>Same as #6</i> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to, Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERGMAN, ELANA 1001 COLONY POINT CR 315 PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Felicia Fuentes 1001 Colony Point Circle # 118 Pembroke Pines FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, CLAUDETTE 1001 COLONY POINT CIRCLE #123 PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Winifred Bartholomew 1001 Colony Point Circle # 322 Pembroke Pines FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAIL, GLENN 1001 COLONY POINT CR 518 PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VP Marty Brown 1001 Colony Point Circle # 211 Pembroke Pines, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EISEN, WAYNE 1001 COLONY POINT CIRCLE PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Wayne Eisen 1001 Colony Point Circle # 311 Pembroke Pines, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD MOJICA, HUMBERTO 1001 COLONY POINT CIRCLE #519 PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP Frederick Bill 1001 Colony Point Circle #320 Pembroke Pines, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Winifred Bartholomew</i> 2/8/08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					