2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #751488

FILED Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90093 043 ****61.25

1. Entity Nan COLONY		I CONDOMINIUN	M ASSO	CIATION, INC.									
Principal Place of Business 11500 COLONY POINT DRIVE PEMBROKE PINES, FL 33026			115	Mailing Address 11500 COLONY POINT DRIVE PEMBROKE PINES, FL 33026				40	055008	}			
2. Principal F	Place of Busin	ness - No P.O. Box#	3. Ma	illing Address									
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.				01032007	Chg-NP	CR2E	037 (12/0	5)	
City & State			С	City & State				4. FEI Number 59-20546	500			Applied For Not Applicable	
Zip Country				Zip Co				5. Certificate of			Fee Req	Additional uired	
	6. Name	and Address of Curre	nt Register	ed Agent		<u>.</u>		7. Name and A	ddress of New I	Registere	d Agent		
YELLIN P	FTFR					Name	COL	HEN RON	מ.ד.מו				
YELLIN, PETER 900 COLONY PT CIR 422 PEMBROKE PINES, FL 33026							COHEN, RONALD Street Address (P.O. Box Number is Not Acceptable) 900 COLONY POINT CIRCLE#502						
-						City	PEMI	BROKE PI	NES, F	ւ. 33 F	3026 Zip C	ode	
8. The above the obligat	named entity	y submits this statement ered agent.	for the purp	pose of changing its r	egister	ed office o	r registere	ed agent, or both,	in the State of F	-	_	ith, and accept	
SIGNATURE	lon	eld Well or printed name of registered age	M_	of cable (NOTE)		4		when reinstating)			07		
	organiore, typeo	or prince have or registered age	citt and the wat	(NO1C.	uedreie.e	o whom sibusia	rine redriked	when reinstating)		DATE			
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	_	e is \$61.25 lay 1, 2007		9. Election Cam Trust Fund Co				\$5.00 May Be Added to Fees			ck payabl artment of		
10.	Due by M		DIRECTORS	Trust Fund Co			<u> </u>		Flo	rida Dep	artment of	State	
10.	_	lay 1, 2007	DIRECTORS	Trust Fund Co	ontribut	ion,	A	Added to Fees	Flo	rida Dep	artment of	State	
-	PD YELLIN, P	OFFICERS AND D	DIRECTORS	Trust Fund Co	ntributi	ion.	PD A	Added to Fees	Flo GES TO OFFICE	rida Dep	artment of	State	
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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 arn 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR