
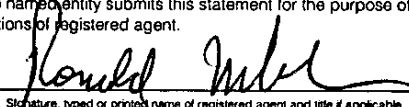
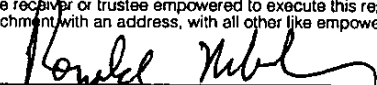


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90093 043 \*\*\*\*61.25

<b>DOCUMENT # 751488</b> 1. Entity Name <b>COLONY POINT 1 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>11500 COLONY POINT DRIVE PEMBROKE PINES, FL 33026</b>			Mailing Address <b>11500 COLONY POINT DRIVE PEMBROKE PINES, FL 33026</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2054600</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>YELLIN, PETER 900 COLONY PT CIR 422 PEMBROKE PINES, FL 33026</b>				7. Name and Address of New Registered Agent Name <b>COHEN, RONALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>900 COLONY POINT CIRCLE#502</b> <b>PEMBROKE PINES, FL. 33026</b> City <b>FL</b> Zip Code	
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  DATE <b>4/6/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YELLIN, PETER 900 COLONY PT CIR 422 HOLLYWOOD, FL 33026	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, RONALD 900 Colony Point Cir. #502 Pembroke Pines, Fl. 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP TURNER, DIANA 900 COLONY PT CIR 303 HOLLYWOOD, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP BIRNBAUM, ABRAHAM 900 COLONY PT CIR 402 HOLLYWOOD, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, RONALD 900 COLONY PT CIR 502 HOLLYWOOD, FL 33026	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOMINGUEZ, BELKIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 Colony Point Cir #122 Pembroke Pines, Fl. 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLOMON, DOROTHY 900 COLONY PT CIR 523 HOLLYWOOD, FL 33026	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				Date <b>4/6/07</b> Daytime Phone # <b>954-431-0225</b>	