

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

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT #751489

1. Entity Name

COLONY POINT 2 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



01112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2054268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

CHANIN, AL
1000 COLONY POINT CIRCLE
121
PEMBROKE PINES, FL 33026

**DO NOT WRITE
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

000000502316
04/26/06-80011-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	2VP
NAME	MOODY, ANNETTE
STREET ADDRESS	1000 COLONY POINT CIRCLE, # 414
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	TD
NAME	KIRSHMAN, EDWARD
STREET ADDRESS	1000 COLONY POINT CIRCLE, # 214
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	SD
NAME	BRATHWAITE, AMELIA
STREET ADDRESS	1000 COLONY POINT CIRCLE, # 409
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	V
NAME	PELL, LENNY
STREET ADDRESS	1000 COLONY POINT CIRCLE, # 102
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	PD
NAME	CANIN, AL
STREET ADDRESS	1000 COLONY POINT CIRCLE, # 121
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 this 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 #

Al Chanin
Al Chanin

4/7/06

954-431-022