



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90035 038 ****70.00

DOCUMENT # 751490 1. Entity Name COLONY POINT 3 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 # <i>Same as above</i>		3. Mailing Address <i>Same as above</i>		40030501 	
Suite, Apt. #, etc. <i>Same as above</i>		Suite, Apt. #, etc. <i>Same as above</i>		02072008 Chg-NP CR2E037 (12/06)	
City & State <i>Same as above</i>		City & State <i>Same as above</i>		4. FEI Number 59-2054262	
Zip <i>Same as above</i>		Country <i>Same as above</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, ROBERT C ESQ. MARTIN & BENNIS, P.A. 319 SE 14TH STREET FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>Same as above</i> City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEUTSCH, SOL 1100 COLONY POINT CIRCLE #322 PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD HOROWITZ, SHIRLEY 100 COLONY POINT CIRCLE #408 PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND KROLL, RICHARD 1100 COLONY POINT CIRCLE #122 HOLLYWOOD, FL 33026	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHERNICOFF, HILDA 1100 COLONY POINT CIRCLE, #205 PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVITT, LOIS 1100 COLONY POINT CR #120 PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		<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>[Signature]</i>				Date <i>[Signature]</i> Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					