

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90338 049 ****61.25

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

40049266



0112006 Chg-NP CR2E037 (11/05)

DOCUMENT # 751491					
1. Entity Name COLONY POINT 6 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2054263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FOSTER, MARGE 11500 COLONY POINT DR. PEMBROKE PINES, FL 33026			Name SARGENT, ARLENE		
			Street Address (P.O. Box Number is Not Acceptable)		
			901 COLONY POINT CIRCLE 312		
			City PEMBROKE PINES, FL Zip Code 33026		
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 <i>Arlene Sargent</i>				DATE 4/6/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, MARGE		NAME	Foster, Marge	
STREET ADDRESS	901 COLONY POINT CIRCLE # 408		STREET ADDRESS	901 Colony Point Cir 408	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	2VP	<input type="checkbox"/> Delete	TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTY, MARYANN		NAME	Ponty, Maryann	
STREET ADDRESS	901 COLONY POINT CIR #321		STREET ADDRESS	901 Colony Point Cir 321	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, ARLENE		NAME	SARGENT, Arlene	
STREET ADDRESS	901 COLONY POINT #312		STREET ADDRESS	901 Colony Point 312	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITHCELL, DAVID		NAME		
STREET ADDRESS	901 COLONY POINT CIRCLE, #507		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAB, DOLORES		NAME		
STREET ADDRESS	901 COLONY POINT CIRCLE # 223		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Arlene Sargent</i>				DATE 4/6/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	