2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90093 045 ****61.25

DOCUMENT # 751491 1. Entity Name COLONY POINT 6 CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address				04 - 4000	-09-2007 90093 045 	****61.25	
Principal Place of Business 11500 COLONY POINT DR. PEMBROKE PINES, FL 33026 Mailing Address 11500 COLONY POINT DR PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026						10H 9(0HT0L 9) (0F)	
2. Principal Place of Business - No P.O. Box # 3. Mai		3. Mailing Address	Mailing Address				
		Suite, Apt. #, etc.			IP CR2E037 (12	/06)	
City & State		City & State		4. FEI Number 59-2054263		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status	Fee R	5 Additional equired	
	6. Name and Address of Current Re	egistered Agent	Nama	7. Name and Address	of New Registered Agent		
SARGENT, ARLENE 901 COLONY POINT DR. #312				Name Street Address (P.O. Box Number is Not Acceptable)			
	KE PINES, FL 33026						
			City	FL Zip Code			
	named entity submits this statement for t ions of registered agent.	he purpose of changing its reg	jistered office or registe	ered agent, or both, in the	State of Florida. 1 am familia	r with, and accept	
SIGNATURE .							
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating)	DATE		
	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees	DATE Make check pays Fiorida Department		
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees	Make check pay	of State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Cont	ign Financing tribution.	\$5.00 May Be Added to Fees	Make check pay: Florida Department	ORS IN 10	
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE 2VP FOSTER, MARGE 901 COLONY POINT CIRCLE # 40	9. Election Campa Trust Fund Cont	ign Financing tribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check pay: Fiorida Department	ORS IN 10 hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE 2VP FOSTER, MARGE 901 COLONY POINT CIRCLE #40 PEMBROKE PINES, FL 33026 1VP PONTY, MARYANN 901 COLONY POINT CIR #321	9. Election Campa Trust Fund Cont	ign Financing tribution.	\$5.00 May Be Added to Fees	Make check pay: Fiorida Department O OFFICERS AND DIRECTO	PRS IN 10 hange Addition hange Addition	
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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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR