

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-19-2008 90028 044 ****70.00

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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
02082008 Chg-NP CR2E037 (12/06)		4. FEI Number 59-2054263	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARTIN, ROBERT C ESQ. MARTIN & BENNIS, P.A. 319 SE 14TH ST FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	2VP FOSTER, MARGE 901 COLONY POINT CIRCLE # 408 PEMBROKE PINES, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP Jesse Silverglate 901 Colony Point Circle #412 Pembroke Pines, FL. 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP PONTY, MARYANN 901 COLONY POINT CIR #321 PEMBROKE PINES, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VP Marge Foster 901 Colony Point Circle #408 Pembroke Pines, FL. 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARGENT, ARLENE 901 COLONY POINT #312 PEMBROKE PINES, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David Mitchell 901 Colony Point Circle #507 Pembroke Pines, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITHCELL, DAVID 901 COLONY POINT CIRCLE, #507 PEMBROKE PINES, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCNAB, DOLORES 901 COLONY POINT CIRCLE # 223 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCNAB, DOLORES 901 COLONY POINT CIRCLE # 223 PEMBROKE PINES, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCNAB, DOLORES 901 COLONY POINT CIRCLE # 223 PEMBROKE PINES, FL 33026
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: <u>Arlene Sargent</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/11/08</u> <small>Daytime Phone #</small>	