

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # 759178 1. Entity Name COLONIAL CROWN MANOR DISPOSAL SYSTEMS, INC.					
Principal Place of Business 5011 N OCEAN BLVD C/O MS GAIL AASKOV OCEAN RIDGE FL 33435			Mailing Address 5011 N OCEAN BLVD C/O MS GAIL AASKOV OCEAN RIDGE FL 33435		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2149685				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AASKOV, GAIL A C/O MANAGEMENT SERVICES 5011 N OCEAN BLVD OCEAN RIDGE FL 33435			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 _____ Signature typed or printed name of registered agent and info if applicable (NOTE: Registered Agent signature required when certifying)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$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	VD MERCEDES, SARI 5550 N. OCEAN BLVD. #116 OCEAN RIDGE FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000483296 04/11/06-80111-003 61.25 ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PALLARIA, DONENICK 5530 N. OCEAN BLVD. OCEAN RIDGE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PIZZI, MICHAEL 5550 N. OCEAN BLVD. #209 OCEAN RIDGE FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SZEPESI, ATTILA 5540 N. OCEAN BLVD. #114 BOYNTON BEACH FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

[Handwritten Signature]

3/24/06

561-276-325