

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759178

FILED
Apr 17, 2009
Secretary of State

Entity Name: COLONIAL CROWN MANOR DISPOSAL SYSTEMS, INC.

Current Principal Place of Business:

5011 N OCEAN BLVD
C/O MS GAIL AASKOV
OCEAN RIDGE, FL 33435

New Principal Place of Business:

5500 N OCEAN BLVD
C/O MS GAIL AASKOV
OCEAN RIDGE, FL 33435

Current Mailing Address:

5011 N OCEAN BLVD
C/O MS GAIL AASKOV
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: 59-2149685 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AASKOV, GAIL A
C/O MANAGEMENT SERVICES
5011 N OCEAN BLVD
OCEAN RIDGE, FL 33435 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COX, JAMES
Address: 5505 N. OCEAN BLVD. FAIRFOX 204
City-St-Zip: OCEAN RIDGE, FL 33435

Title: DP () Delete
Name: PALLARIA, DONENICK
Address: 5530 N. OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL

Title: DT () Delete
Name: PIZZI, MICHAEL
Address: 5550 N. OCEAN BLVD. #209
City-St-Zip: OCEAN RIDGE, FL 33435

Title: DS () Delete
Name: SZEPESI, ATTILA
Address: 5540 N. OCEAN BLVD. #114
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: KNEHR, DOROTHY
Address: 5505 N. OCEAN BLVD., RICHMOND 202
City-St-Zip: OCEAN RIDGE, FL 33435

Title: DVP () Delete
Name: DOYLE, KEVIN
Address: 5500 OLD OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: PALLARIA, DOMENICK
Address: 5530 N. OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMENICK PALLARIA

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date