

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759178

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** COLONIAL CROWN MANOR DISPOSAL SYSTEMS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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:**

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

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: GAIL A. AASKOV

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: DP  
Name: PALLARIA, DOMENICK  
Address: 5530 N. OCEAN BLVD.  
City-St-Zip: OCEAN RIDGE, FL

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DOMENICK PALLARIA

PRES

04/22/2011

Electronic Signature of Signing Officer or Director

Date