

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000003811

1. Entity Name

COLONIAL VILLAGE MANAGEMENT CORP.



Principal Place of Business

33 SOUTH SERICE RD
JERICHO, NY 11753

Mailing Address

33 SOUTH SERICE RD
JERICHO, NY 11753



02272006 No Chg-P CR2E034(11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-2922246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOHAMMADBHOY, ADAM
% HARLEE & BALD P.A.
202 OLD MAIN STREET
BRADENTON, FL 34205

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IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000476095
04/05/06-80044-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
ROSEN, ROBERT A
33 SOUTH SERICE RD
JERICHO, NY 11753

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ROSEN, DAVID S
33 SOUTH SERICE RD
JERICHO, NY 11753

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STDC
ROSEN, FLORENCE
33 SOUTH SERICE RD
JERICHO, NY 11753

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit with all other like signatures.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP, Secy Treas

Date

516-333-2000
Daytime Phone #