

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90014 026 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J39118

1. Corporation Name

COLONIAL GARDENS REALTY CORP.

Principal Place of Business c/o Marco Realty & MGMT.CO. 6431 Cow Pen Road Miami Lakes, FL 33014-6601	Mailing Address c/o Insignia MGMT. Group, L.P. 2300 Glades Rd. Ste.430 West Boca Raton, FL 33431
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1986

4. FEI Number

59-2736581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Shindell, James W
Kelly Drye & Warren LLP
201 S. Biscayne Blvd., Ste. 2400
Miami, FL 33131

81 Name

James W. Shindell, P.A., a Florida corporation

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Bilzin Sumberg Dunn Price & Axelrod LLP

83

200 S. Biscayne Blvd., Suite 2500

84 City

Miami,

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

James W Shindell, President 5/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Comart, Martin	1.2 NAME	
STREET ADDRESS	6431 Cow Pen Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Lakes, FL 33014	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meltzer, Oded	2.2 NAME	
STREET ADDRESS	6431 Cow Pen Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Lakes, FL 33014	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hatfield, John	3.2 NAME	
STREET ADDRESS	285 Peachtree Center Ave. Ste.2300	3.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30303	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meylor, Edward J	4.2 NAME	
STREET ADDRESS	200 Vesey 12th Floor	4.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10285	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, Jeffrey	5.2 NAME	
STREET ADDRESS	2300 Glades Road, Suite 430	5.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33431	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willis, Joy	6.2 NAME	
STREET ADDRESS	285 Peachtree Center Ave., Ste. 2300	6.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30303	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John L. Hatfield 5/18/99