

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007838

1. Entity Name

COLEE'S IV ASSOCIATION, INC.



Principal Place of Business

1212 SE 1ST STREET
FORT LAUDERDALE, FL 33301

Mailing Address

1212 SE 1ST STREET
FORT LAUDERDALE, FL 33301



01252006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1156532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVIN, CHERYL J P A
4694 NW 103RD AVE
FORT LAUDERDALE, FL 33351

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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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000444669
03/07/06-80012-012 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JACKOWITZ, DAVID
STREET ADDRESS 1212 SE 1ST STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE DT
NAME GORDON, ERIC M
STREET ADDRESS 1210 SE 1ST STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE D
NAME RAU, EWALD M
STREET ADDRESS 1214 SE 1ST STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE S
NAME JACKOWITZ, SONDR A
STREET ADDRESS 1212 SE 1ST STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Jackowitz

2/17/06

Date

Daytime Phone #

954 763-9610