

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007838

FILED
Jan 10, 2007
Secretary of State

Entity Name: COLEE'S IV ASSOCIATION, INC.

Current Principal Place of Business:

1212 SE 1ST STREET
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

1212 SE 1ST STREET
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-1156532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, CHERYL J P.A
4694 NW 103RD AVE
FORT LAUDERDALE, FL 33351 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: PD () Delete
Name: JACKOWITZ, DAVID
Address: 1212 SE 1ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DT () Delete
Name: GORDON, ERIC M
Address: 1210 SE 1ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: RAU, EWALD M
Address: 1214 SE 1ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S () Delete
Name: JACKOWITZ, SONDR
Address: 1212 SE 1ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: SIMPSON, ALAN
Address: 1208 SE 1ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

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 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: DAVID JACKOWITZ

P

01/10/2007

Electronic Signature of Signing Officer or Director

Date