
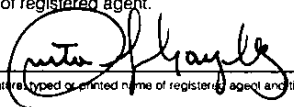
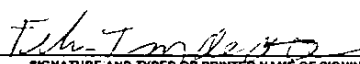


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000008106					
1. Entity Name COLONY HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 542 EUCLID AVE. MIAMI BEACH, FL			Mailing Address C/O CAM MANAGEMENT SERVICES PO BOX 5103 HIALEAH, FL 33014-1103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 47-0893307	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAM MANAGEMENT SERVICES ANITA GONZALEZ 6175 NW 167TH ST UNIT G1 MIAMI LAKES, FL 33015			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 		ANITA GONZALEZ		9/11/07	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, GIL 542 EUCLID AVE SUITE 3 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Nivia Garriga 1891 SW 142 Ave. Miami FL 33135
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUFOYANIS, MANA 542 EUCLID AVE SUITE 2 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID Maria Kufoyanis 542 Euclid Ave. #2 Miami Beach, FL 33139
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONTES, FELICIA 542 EUCLID MONTES DE OWN MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600110182846 10/02/07--01037--028 **\$61.25
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWN, FELICIA 542 EUCLID OWE 5 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Felicia Montes de Oca		09/20/07 (305) 826-9191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED

07 SEP 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11132006 Chg-NP CR2E037 (4/06)

4. FEI Number 47-0893307 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, GIL	
STREET ADDRESS	542 EUCLID AVE SUITE 3	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KUFOYANIS, MANA	
STREET ADDRESS	542 EUCLID AVE SUITE 2	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONTES, FELICIA	
STREET ADDRESS	542 EUCLID MONTES DE OWN	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	OWN, FELICIA	
STREET ADDRESS	542 EUCLID OWE 5	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nivia Garriga	
STREET ADDRESS	1891 SW 142 Ave.	
CITY-ST-ZIP	Miami FL 33135	
TITLE	SID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria Kufoyanis	
STREET ADDRESS	542 Euclid Ave. #2	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  Felicia Montes de Oca 09/20/07 (305) 826-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #