2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N01000008106

Entity Name: COLONY HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

542 EUCLID AVE.
MIAMI BEACH, FL

New Principal Place of Business:

Current Mailing Address:

C\O CAM MANAGEMENT SERVICES
PO BOX 5103
HIALEAH, FL 330141103

New Mailing Address:

FEI Number: 47-0893307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAM MANAGEMENT SERVICES
ANITA GONZALEZ
6175 NW 167TH ST UNIT G1
MIAMI LAKES, FL 33015 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: GARRIDO, NIVIA
Address: 1891 SW 142 AVE
City-St-Zip: MIAMI, FL 33175

Title: SD ( ) Delete
Name: KUFOYANIS, MARIA
Address: 542 EUCLID AVE SUITE 2
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD ( ) Delete
Name: MONTES DE OCA, FELICIA
Address: 542 EUCLED OWE 5
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: REBORA, JUAN J
Address: 542 EUCLID AVE # 8
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: NIVIA GARRIDO PD 03/05/2009

Electronic Signature of Signing Officer or Director — Date