

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90027 029 ****61.25

DOCUMENT # N05000003165

1. Entity Name
THE COLONNADES ASSOCIATION, INC.



Principal Place of Business
**701 N.W. 91ST TERRACE
PLANTATION, FL 33324**

Mailing Address
**701 N.W. 91ST TERRACE
PLANTATION, FL 33324**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-2827708

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIEGFRIED, RIVERA, LERNER, DE LA TORRE &
201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **Colonnades**
Street Address (P.O. Box Number is Not Acceptable)

701 NW 91 TER

City **Plantation**

FL

Zip Code **33324**

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **D** ☐ Delete
NAME **SARGENT, DAMON**
STREET ADDRESS **846 NW 91 TERRACE**
CITY-STATE-ZIP **PLANTATION, FL 33324**

TITLE **PD** ☐ Delete
NAME **SEIGEL, VICKI**
STREET ADDRESS **829 NW 91 TER**
CITY-STATE-ZIP **PLANTATION, FL 33324**

TITLE **SD** ☒ Delete
NAME **DIECK, TED**
STREET ADDRESS **788 NW 92 AVE**
CITY-STATE-ZIP **PLANTATION, FL 33324**

TITLE **TD** ☐ Delete
NAME **BERMAN, KEVIN**
STREET ADDRESS **139790 NW 4 ST #106**
CITY-STATE-ZIP **SUNRISE, FL 33325**

TITLE **VP** ☒ Delete
NAME **MORALES, CARLOS**
STREET ADDRESS **15829 EAST WIND CIR**
CITY-STATE-ZIP **SUNRISE, FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **UP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **IAN miller**
STREET ADDRESS **701 NW 91 TER**
CITY-STATE-ZIP **Plantation, FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #