

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002261

FILED
Apr 25, 2008
Secretary of State

Entity Name: THE COLONNADE RESIDENCES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1640 NW 128 DRIVE
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1640 NW 128 DRIVE
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 20-5562249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: MISHAL, SHAOUL
Address: 1301 INTERNATIONAL PKWY; STE 200
City-St-Zip: SUNRISE, FL 33323

Title: VPD () Delete
Name: MOHAR, ARAVA
Address: 1301 INTERNATIONAL PKWY; STE 200
City-St-Zip: SUNRISE, FL 33323

Title: STD () Delete
Name: MANOR, YOSI
Address: 1301 INTERNATIONAL PKWY; STE 200
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANOR, JOSEPH
Address: 1301 INTERNATIONAL PKWY; STE 200
City-St-Zip: SUNRISE, FL 33323

Title: VS (X) Change () Addition
Name: MOHAR, ARAVA
Address: 1301 INTERNATIONAL PKWY; STE 200
City-St-Zip: SUNRISE, FL 33323

Title: TD (X) Change () Addition
Name: BRONFMAN, ARIK
Address: 1301 INTERNATIONAL PKWY; STE 200
City-St-Zip: SUNRISE, FL 33323

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: JOSEPH MANOR

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date