2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N07000008784

Entity Name: COLONIAL PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1930 HARRISON STREET SUITE #502
HOLLYWOOD, FL 33020

New Principal Place of Business:

3990 SHERIDAN ST
SUITE 214
HOLLYWOOD, FL 33021

Current Mailing Address:

1930 HARRISON STREET SUITE #502
HOLLYWOOD, FL 33020

New Mailing Address:

P.O. BOX 801733
MIAMI, FL 33280

FEI Number: 26-0859167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENENSON, ALAN
1930 HARRISON STREET SUITE #502
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

BOTSFORD & WHITE, PA
3595 SHERIDAN ST
SUITE 208
HOLLYWOOD, FL 33021 US

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: BRUCE BOTSFORD 01/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BENENSON, ALAN
Address: 1930 HARRISON STREET SUITE #502
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD ( ) Delete
Name: SHER, MICHAEL
Address: 1930 HARRISON STREET SUITE #502
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD ( ) Delete
Name: JAFFE, SCOTT
Address: 1930 HARRISON STREET SUITE #502
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BENENSON, ALAN
Address: 3990 SHERIDAN ST, SUITE 214
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD (X) Change ( ) Addition
Name: SHER, MICHAEL
Address: 3990 SHERIDAN ST, SUITE 214
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD (X) Change ( ) Addition
Name: JAFFE, SCOTT
Address: 3990 SHERIDAN ST, SUITE 214
City-St-Zip: HOLLYWOOD, FL 33021

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: ALAN BENENSON PD 01/21/2009
Electronic Signature of Signing Officer or Director Date