

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N29232

1. Entity Name
**COLEE HAMMOCK EAST HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**1610 NE FIRST ST
FT. LAUDERDALE, FL 33301 US**

Mailing Address
**1610 NE 1ST STREET
STE 1
FORT LAUDERDALE, FL 33301-3800 US**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0082420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOODMAN, ROBERT T
1610 N.E. 1ST STREET #1
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIMM, PETER
STREET ADDRESS	1610 NE 1ST STREET, #6
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	TD
NAME	GOODMAN, ROBERT
STREET ADDRESS	1610 NE 1ST ST # 1
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	VD
NAME	NEWMAN, DEBORAH
STREET ADDRESS	1610 NE 1ST ST # 10
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	SD
NAME	GRIMM, NANCY
STREET ADDRESS	1610 NE 1ST STREET, #6
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80046-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Robert T. Goodman **ROBERT T. GOODMAN** 1-3-07 (954)728-8434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #