

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31184

FILED
Mar 25, 2009
Secretary of State

Entity Name: COLONY COURTS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BENCHMARK PROPERTY MGMT
7932 WILES RD
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

BENCHMARK PROPERTY MGMT
7932 WILES RD
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 65-0126270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, INC
6261 NW 6TH WAY, STE. 103
FT LAUDERDALE, FL 33309 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: VD () Delete
Name: HIBBERT, CELIA
Address: 12204 NW 36 PL
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: D () Delete
Name: JOHNSON, BRAD
Address: 3625 NW 121 AVE.
City-St-Zip: SUNRISE, FL 33323

Title: PD () Delete
Name: PENN, CARL
Address: 3727 NW 121 AVE.
City-St-Zip: SUNRISE, FL 33323

Title: P () Delete
Name: LANG, STACI
Address: 3622 NW 122 TERR
City-St-Zip: SUNRISE, FL 33323

Title: VD () Delete
Name: HIBBEA, LELIA
Address: 12204 NW 36 PLACE
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: OCASIO, MIGUEL
Address: 12258 NE 36 PLACE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SOTO, AMELIA
Address: 3610 NW 122 TERRACE
City-St-Zip: SUNRISE, FL 33323

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

Title: D (X) Change () Addition
Name: PENN, CARL
Address: 3727 NW 121 AVE.
City-St-Zip: SUNRISE, FL 33323

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

Title: T (X) Change () Addition
Name: GUESS, MARY
Address: 12112 NW 36 PLACE
City-St-Zip: SUNRISE, FL 33323

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: STACI LANG

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date