

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N 35653 (7)

1. Corporation Name

Colony Courts Condominium NO.6  
Association, Inc.

Principal Place of Business

Mailing Address

12213 NW 36 Pl  
Sunrise FL 33323  
US

12213 NW 36 Pl  
Sunrise FL 33323  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

David J Fasano CPA  
12216 NW 36 Pl  
Sunrise FL 33323

81 Name David J Fasano CPA  
82 Street Address (P.O. Box Number is Not Acceptable)  
12216 NW 36 Pl  
83  
84 City Sunrise FL 85 Zip Code 33323

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

David J Fasano CPA

David J Fasano CPA

6/4/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO	<input type="checkbox"/> DELETE
NAME	David Fasano	
STREET ADDRESS	12216 NW 36 Pl	
CITY-ST-ZIP	Sunrise FL 33323	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	Delphine Alexander	
STREET ADDRESS	12224 NW 36 Pl	
CITY-ST-ZIP	Sunrise FL 33323	
TITLE	STO	<input type="checkbox"/> DELETE
NAME	Howard Sufirin	
STREET ADDRESS	12220 NW 36 Pl	
CITY-ST-ZIP	Sunrise FL 33323	
TITLE	0 Dodd	<input type="checkbox"/> DELETE
NAME	12218 NW 36 Pl	
STREET ADDRESS	Sunrise FL 33323	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David J Fasano

6/4/96

(305) 931-4546

Date

Daytime Phone #

CR2E037 (12/95)