2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N35655

Entity Name: COLONY COURTS CONDOMINIUM NO. 18 ASSOCIATION, INC.

Current Principal Place of Business:

1509 S UNIVERSITY DR
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

1509 S UNIVERSITY DR
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 65-0169325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATR MANAGEMENT CORP
1509 S UNIVERSITY DR
PLANTATION, FL 33324 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: VTD ( ) Delete
Name: WOLFE, ANN
Address: 12181 NW 36TH PLACE
City-St-Zip: SUNRISE, FL

Title: SD ( ) Delete
Name: BENDEZZI, CLAUDIA
Address: 12183 NW 36 PLACE
City-St-Zip: SUNRISE, FL

Title: PD ( ) Delete
Name: FEDOLFI, MILDRED,
Address: 12185 NW 36 PL
City-St-Zip: SUNRISE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change ( ) Addition
Name: WILHELM, LAURA
Address: 12181 NW 36TH PLACE
City-St-Zip: SUNRISE, FL 33323 US

Title: SD (X) Change ( ) Addition
Name: BENDAZZI, CLAUDIA
Address: 12183 NW 36 PLACE
City-St-Zip: SUNRISE, FL 33323 US

Title: PD (X) Change ( ) Addition
Name: FEDOLFI, MILDRED,
Address: 12185 NW 36 PL
City-St-Zip: SUNRISE, FL 33323 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MILDRED FEDOLFI P 04/26/2004

Electronic Signature of Signing Officer or Director — Date