

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35655

FILED  
Mar 28, 2005  
Secretary of State

**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: WILHELM, LAURA  
Address: 12181 NW 36TH PLACE  
City-St-Zip: SUNRISE, FL 33323 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: STD (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: CLAUDIA BENDAZZI

PD

03/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date