

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-8-96

2089

DOCUMENT # N45675

(8)

FEB 15 1996

1. Corporation Name

COLONY COURTS TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~GOLD COAST PROPERTY MANAGEMENT~~  
~~10001 W. OAKLAND PARK BLVD~~  
~~SUNRISE FL 33351~~

~~GOLD COAST PROPERTY MANAGEMENT~~  
~~10001 W. OAKLAND PARK BLVD~~  
~~SUNRISE FL 33351~~

3. Date Incorporated or Qualified  
10/18/1991

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 ZIGMUND J. SIECZKOWSKI

26 ZIGMUND J. SIECZKOWSKI

65-0316501

Applied For

Not Applicable

22 3885 N.W. 122 TERRACE

27 3885 N.W. 122 TERRACE

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

23 SUNRISE FLORIDA

28 SUNRISE FLORIDA

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 33323

25 U.S.

29 33323

30 U.S.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLD COAST PROPERTY MGMT  
10001 W. OAKLAND PARK BLVD  
SUITE 300  
SUNRISE FL 33351

81 Name ZIGMUND J. SIECZKOWSKI

82 Street Address (P.O. Box Number is Not Acceptable)  
3885 N.W. 122 TERRACE

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 617.0103, Florida Statutes.

SIGNATURE Zigmund J. Sieczkowski

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☐ DELETE  
NAME SIECZKOWSKI, ZIGMUND J  
STREET ADDRESS 3885 NW 122ND TERRACE  
CITY-ST-ZIP SUNRISE FL 33323

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE  
NAME ROCKER, ALAN  
STREET ADDRESS 3887 NW 122ND TERRACE  
CITY-ST-ZIP SUNRISE FL 33323

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME JANICE, BARBARA  
STREET ADDRESS 3881 NW 122ND TERRACE  
CITY-ST-ZIP SUNRISE FL 33323

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Zigmund J. Sieczkowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-96

CR2E037 (12/95)