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NONPROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N45675 (8)

1. Corporation Name

COLONY COURTS TWO CONDOMINIUM ASSOCIATION INC.

Principal Place of Business
ZIGMUND J. SIECZKOWSKI
3885 NW 122 TERRACE
SUNRISE, FL 33323

Mailing Address
ZIGMUND J. SIECZKOWSKI
3885 N.W. 122 TERRACE
SUNRISE, FL 33323

3. Date Incorporated or Qualified	3a. Date of Last Report
10/18/1991	3/08/1996

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number 65-0316501	Applied For / Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip [24] Country [25]	Zip [29] Country [30]	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

SIGMUND J. SIECZKOWSKI
3885 NW 122 TERRACE
SUNRISE, FL 33323

10. Name and Address of New Registered Agent

[81] Name	
[82] Street Address (P.O. Box Number is Not Acceptable)	
[83]	
[84] City **FL**	[85] Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable · (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **VPD** ☐ DELETE NAME SIECZKOWSKI, ZIGMUND J. STREET ADDRESS 3885 NW 122 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 N.W. 122 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 N.W. 122 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

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X _Zigmund J. Sieczkowski_ Date 5-14-97 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR