

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:14

DOCUMENT # N18985 (4) 130.00

1. Corporation Name

THE COLONY AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O LANG MANAGEMENT
4295 TOWN CENTER RD., SUITE 200
BOCA RATON FL 33486
US

C/O LANG MANAGEMENT
5295 TOWN CENTER RD., SUITE 200
BOCA RATON FL 33486
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/28/1987 3a. Date of Last Report 05/01/1994
4. FEI Number 65-0081870 Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

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

ISAACSON, WILLIAM K.
C/O LANG MANAGEMENT
5295 TOWN CENTER RD., SUITE 200
BOCA RATON FL 33486

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 607.0502 and 607.1508, 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 607.0505, 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 ☐ Change ☒ Addition

TITLE PD
NAME BURBANK, PETER
STREET ADDRESS 9138 BAXBURY LANE
CITY-ST-ZIP WEST PALM BCH. FL

1.1 TITLE Lou Kagan
1.2 NAME 9620 Heritage Hills
1.3 STREET ADDRESS Somers, NY 10589
1.4 CITY-ST-ZIP

TITLE D
NAME ~~SHANNING, JON~~
STREET ADDRESS ~~*****~~
CITY-ST-ZIP ~~*****~~

2.1 TITLE martin Baum
2.2 NAME 9101 Baybury Lane
2.3 STREET ADDRESS WPB, FL 33411
2.4 CITY-ST-ZIP

TITLE VD
NAME WEISS, DONALD
STREET ADDRESS 1050 LYTHAM CT.
CITY-ST-ZIP WEST PALM BCH. FL

3.1 TITLE Lynne Doctor
3.2 NAME 943 Drury Place
3.3 STREET ADDRESS WPB, FL 33411
3.4 CITY-ST-ZIP

TITLE D
NAME SMITH, JOSEPH
STREET ADDRESS 9065 BAYBURY LANE
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME NORMAN SISKIND
STREET ADDRESS 9181 HEATHRIDGE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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)(b), 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 registrar or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald G. Weiss DONALD G. WEISS

Shanning 12/1/95 (407) 791-0408