

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18985** (4)

1. Corporation Name

THE COLONY AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% G.R.S. MANAGEMENT ASSOCIATION, INC.
3900 WOODLAKE BLVD. #201
LAKE WORTH FL 33463
US

% G.R.S. MANAGEMENT ASSOCIATION, INC.
3900 WOODLAKE BLVD. #201
LAKE WORTH FL 33463
US

3. Date Incorporated or Qualified

01/28/1987

4. FEI Number

65-0126270

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

USA

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASON, YEAGER, GERSON, WHITE & LEOCE P.A.
1845 PALM BEACH LAKES BLVD.
200
WEST PALM BEACH FL 33401

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 **PD** ☐ DELETE
NAME **BURBANK, PETER**
STREET ADDRESS **9136 BAXBURY LANE**
CITY-ST-ZIP **WEST PALM BCH. FL 33411**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BAUM, MARTIN**
STREET ADDRESS **9101 BAYBURY LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VPSD** ☒ DELETE
NAME **WEISS, DONALD**
STREET ADDRESS **1050 LYTHAM CT.**
CITY-ST-ZIP **WEST PALM BCH. FL 33411**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **DOCTOR, LYNN**
3.3 STREET ADDRESS **943 DRURY PLACE**
3.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **VPO** ☒ DELETE
NAME **SMITH, JOSEPH**
STREET ADDRESS **9065 BAYBURY LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **WAYNIK, CYRIL**
4.3 STREET ADDRESS **9065 BAYBURY LANE**
4.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **D** ☐ DELETE
NAME **NORMAN SISKIND**
STREET ADDRESS **9181 HEATHRIDGE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **SISKIND, NORMAN**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KAGAN, LOUIS**
STREET ADDRESS **911 DICKENS PLACE**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **TD**
6.3 STREET ADDRESS **991 DICKENS PLACE**
6.4 CITY-ST-ZIP

14. I 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:

By Norman A. Siskind, Vice Pres. 4/14/98 561-641-8554

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