2000 UNIFORM BUSINESS REPORT (UBR)

changed, or or an attachment with ar

SIGNATURE:

FILED Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # N18985** 1. Entity Name THE COLONY AT BREAKERS WEST HOMEOWNERS ASSOCIATI 03-22-2000 90089 045 ****61.25 Principal Place of Business Mailing Address % G.R.S. MANAGEMENT ASSOCIATION, INC. % G.R.S. MANAGEMENT ASSOCIATION. INC. 3900 WOODLAKE BLVD., #201 3900 WOODLAKE BLVD., #201 LAKE WORTH FL 33463 LAKE WORTH FL 33463-3045 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0126270 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PATI HEIDLER LADWIG, P.A. WELLINGTON COUNTRY PLAZA 12765 W. FOREST HILL BLVD., SUITE 1217 # 1312. City Zip Code Fl **WELLINGTON FL 33414** 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TREASURER. Addition TITLE ☐ Change TITLE □ Delete SHAPIRO, ALUIN NAME NAME **BURBANK. PETER** 922 Dickens Place STREET ADDRESS STREET ADDRESS 9136 BAXBURY LANE West PALM BEACH, \$133411 CITY-ST-ZIP CITY-ST-7IP WEST PALM BCH. FL 33411 SECRETARY **E**hange TITLE TITLE D ☐ Delete NAME NAME BAUM, MARTIN STREET ADDRESS STREET ADDRESS 9101 BAYBURY LANE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 Vice - PRESIdent Addition TITLE Thange TITLE SD Delete DOCTOR, LYNN NAME NAME STREET ADDRESS STREET ADDRESS 943 DRURY PLACE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 **Addition** Delete Director Change TITLE NAME Scherby, Michael NAME WAYNIK, CYRIL STREET ADDRESS STREET ADDRESS 914 DREIRY LANG 9065 BAYBURY LANE CITY-ST-7IP <u> #1 33411</u> CITY-ST-ZIP VEST PAIM BEACK, WEST PALM BEACH FL 33411 Addition ☐ Change ☐ Delete TITLE Director SCHAEFFER, NEIL SISKIND, NORMAN NAME STREET ADDRESS STREET ADDRESS 1109 Lytham Goart 9181 HEATHRIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP west fain WEST PALM BEACH FL 33411 TITLE TD Delete TITLE Director Change **Addition** Abraham, Patricia Ann NAME KAGAN, LOUIS NAME STREET ADDRESS 9253 Heathridge DR West PAIM Berch P STREET ADDRESS 991 DICKENS PLACE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 12. 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 report or supplemental report is the 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 and bowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Date

Davtime Phone #