

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90022 049 ****61.25

DOCUMENT # N18985

1. Entity Name
**THE COLONY AT BREAKERS WEST HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**% G.R.S. MANAGEMENT ASSOCIATION, INC.
3900 WOODLAKE BLVD., #201
LAKE WORTH, FL 33463 US**

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

44008192



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0126270

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATI HEIDLER LADWIG, P.A.
WELLINGTON COUNTRY PLAZA
12765 W. FOREST HILL BLVD., SUITE 1317
WELLINGTON, FL 33414**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME *D Fleming, Andrew*
STREET ADDRESS *1109 Lytham St*
CITY-ST-ZIP *West Palm Bch, FL 33411*

TITLE VPD ☐ Delete
NAME BAUM, MARTIN
STREET ADDRESS 3101 BAYBURY LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Change ☒ Addition
NAME *SP Scherby, Michael*
STREET ADDRESS *914 Drury Pl*
CITY-ST-ZIP *West Palm Bch, FL 33411*

TITLE D ☐ Delete
NAME BRAE, VIOLET
STREET ADDRESS 9148 BAYBURY LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME SIMPSON, JACK
STREET ADDRESS 9253 HEATHRIDGE DR
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME STAYMAN, HAROLD
STREET ADDRESS 1070 LYTHAM CRT
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JACOBUS, HAROLD
STREET ADDRESS 9173 HEATHRIDGE DR
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #