


**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90001 001 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # N98000004634**

1. Entity Name  
**THE COLONY AT BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
~~CAMS~~ ~~CAMS~~  
~~314 NE 3RD STREET~~ ~~314 NE 3RD STREET~~  
~~BOYNTON BEACH, FL 33435~~ ~~BOYNTON BEACH, FL 33435~~

40096101



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
*% Prime Management* *% Prime Management Group*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*6300 Park of Commerce Blvd* *6300 Park of Commerce Blvd*

02222008 Chg-NP CR2E037 (12/06)

City & State City & State  
*Boca Raton, FL* *Boca Raton, FL*

4. FEI Number Applied For  
**22-3649132** Not Applicable

Zip Country Zip Country  
*33487 USA* *33487 USA*

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

6. Name and Address of Current Registered Agent  
**SACHSAX & KLEIN**  
**301 YAMATO RD**  
**SUITE 4150**  
**BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ETCHELLS, EDWARD JR	
STREET ADDRESS	7836 COLONY LAKE DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARDILLO, JOE	
STREET ADDRESS	7542 COLONY LAKE DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MACGOWAN, TABITHA	
STREET ADDRESS	7781 COLONY DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MAYER, RICK	
STREET ADDRESS	7694 COLONY PALM DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victor Serrano	
STREET ADDRESS	7516 Colony Lake Drive	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tyler Hill	
STREET ADDRESS	7871 Colony Lake Drive	
CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Gordon	
STREET ADDRESS	7598 Colony Palm Dr	
CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rocco Casucci Jr	
STREET ADDRESS	7571 Colony Lake Drive	
CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Victor Serrano* \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR