


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90027 031 ****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., #309 LAKE WORTH, FL 33463 US	Mailing Address % G.R.S. MANAGEMENT ASSOCIATION, INC. 3900 WOODLAKE BLVD., #309 LAKE WORTH, FL 33463 US
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01212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0126270	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE, P.A 1900 N. COMMERCE PKWY WESTON, FL 33326		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

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, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURBANK, PETER			NAME			
STREET ADDRESS	9136 BAXBURY LANE			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BCH., FL 33411			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHERBY, MICHAEL			NAME	Scherby, Michael		
STREET ADDRESS	914 DRURY PL			STREET ADDRESS	914 Drury Pl		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411			CITY-ST-ZIP	W. Palm Beach FL 33411		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAE, VIOLET			NAME			
STREET ADDRESS	9148 BAYBURY LANE			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33411			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, JACK			NAME			
STREET ADDRESS	9253 HEATHRIDGE DR			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33411			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELMING, ANDREW			NAME			
STREET ADDRESS	1109 LYTHAM ST.			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33411			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBUS, HAROLD			NAME			
STREET ADDRESS	9173 HEATHRIDGE DR			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33411			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] March 18-08