2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N18985





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Mar 26, 2008 8:00 am Secretary of State 03-26-2008 90027 031 ****61.25

Signature, typed or printed name of registered signat and bits it appolicable. (NOTE: Registered Agent signature required when retristancy) Date	THE COLONY AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.							
Suite, Apil #, etc	% G.R.S. MA 3900 WOOD	NAGEMENT ASSOCIATION, INC. LAKE BLVD., #309	% G.R.S. MANAGEMENT 3900 WOODLAKE BLVD	., #309	1 10011161 001 1180	1818 1818 1818		
City & State A Country Coun	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address				
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of Florids. I am familiar with, and accept the obligations of Florids. I am familiar with	City & State		City & State	City & State		0	 	
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BROUGH, CHADROW & LEVINE, P.A 1900 N. COMMERCE PKWY WESTON, FL 33326 City FL Zip Code		6. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New Re	egistered Agent	
Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code	PROUDLY OF A PROUNT A FEW PARTS OF A			Name				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obsigations of registered agent. Signature, typined or private have of registered signal and bits it applicable. (NOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obsigations of registered agent. Filling Fee is \$61.25	1900 N. C	OMMERCE PKWY		Street Address		(P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	. `			City	<u></u>	· · ·	Fi Zip Code	
SIGNATURE Signature Signa	8. The above	named entity submits this statement for	the purpose of changing its	registered office or regist	tered agent, or both, in	the State of Flor	 	
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irructated on this report or supplemental report is true aper 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: