


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90073 003 \*\*\*\*61.25

**DOCUMENT # N98000004634**

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



Principal Place of Business  
**7577 COLONY LAKE DRIVE  
BOYNTON BEACH FL 33436**

Mailing Address  
**7577 COLONY LAKE DRIVE  
BOYNTON BEACH FL 33436**



2. Principal Place of Business  
**M.O.R. Property Mgmt Inc. 100 East Linton Blvd #207B**

3. Mailing Address  
**M.O.R. Property Mgmt Inc. 100 East Linton Blvd #207B**

Suite, Apt. #, etc.  
**100 East Linton Blvd #207B**

City & State  
**Delray Beach FL**

Zip  
**33483**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3649132**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNER, LARRY E  
LARRY E. SCHNER, P.A.  
750 SOUTH DIXIE HIGHWAY  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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 <b>PD</b>	NAME <b>JACKSON, MCHAE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>7598 COLONY PALM DRIVE</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</b>	
TITLE <b>VD</b>	NAME <b>VALENTE, ROBERT</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>7586 COLONY PALM DRIVE</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</b>	
TITLE <b>VD</b>	NAME <b>PEREIRA, TERRY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>7692 COLONY LAKE DRIVE</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</b>	
TITLE <b>SD</b>	NAME <b>ECKBERG, RANDALL S</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>7758 COLONY LAKE DRIVE</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</b>	
TITLE <b>TD</b>	NAME <b>FISCHER, MARGARET</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>7613 COLONY LAKE DRIVE</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</b>	
TITLE <b>D</b>	NAME <b>GRANT, RICHARD</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>7770 COLONY LAKE DRIVE</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>PO</b>	NAME <b>GRANT, Richard</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7770 Colony Lake Drive</b>	CITY-ST-ZIP <b>Boynton Beach FL 33436</b>	
TITLE <b>VD</b>	NAME <b>PEREIRA, Terrence</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7692 Colony Lake Drive</b>	CITY-ST-ZIP <b>Boynton Beach FL 33436</b>	
TITLE <b>TD</b>	NAME <b>McCaun, Colleen</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>7467 Colony Lake Drive</b>	CITY-ST-ZIP <b>Boynton Beach, FL 33436</b>	
TITLE <b>SO</b>	NAME <b>CASUCCI, SHARON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>7571 Colony Lake Drive</b>	CITY-ST-ZIP <b>Boynton Beach, FL 33436</b>	
TITLE <b>D</b>	NAME <b>SERRANO, Victor</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>7566 Colony Lake Drive</b>	CITY-ST-ZIP <b>Boynton Beach, FL 33436</b>	
TITLE <b>D</b>	NAME <b>Gonzalez, Felix</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7523 Colony Lake Drive</b>	CITY-ST-ZIP <b>Boynton Beach, FL 33436</b>	

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 fees empowered.

SIGNATURE: *Colleen M McCann* **REQUIRED** *4/17/03* **6495528**

CR2E037 (10/02)