2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749569

Entity Name: RANCH COLONY PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

MMI OF THE PALM BEACHES INC 11770 US HWY ONE SUITE 501E PALM BEACH GARDENS, FL 33408

Current Mailing Address:

MMI OF THE PALM BEACHES INC 11770 US HWY ONE SUITE 501E PALM BEACH GARDENS, FL 33408 US

FEI Number: 65-0115243

Name and Address of Current Registered Agent:

DOORAKIAN, DANIEL ESQ. 625 N. FLAGLER DRIVE SUITE 605 WEST PALM BEACH, FL 33401 US

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.

SIGNATURE	E: DANIEL DOORAKIAN		04/05/2022
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	SECRETARY	Title	PRESIDENT
Name	ASPLUNDH, BETH	Name	APLIN, WARREN
Address	MMI OF THE PALM BEACHES INC 11770 US HWY ONE SUITE 501E	Address	MMI OF THE PALM BEACHES INC 11770 US HWY ONE SUITE 501E
City-State-Zip:	PALM BEACH GARDENS FL 33408	City-State-Zip:	PALM BEACH GARDENS FL 33408
Title	D	Title	VP
Name	RUSSELL, BYRON	Name	GLEN, HARRY
Address	MMI OF THE PALM BEACHES INC 11770 US HWY ONE SUITE 501E	Address	MMI OF THE PALM BEACHES INC 11770 US HWY ONE SUITE 501E
City-State-Zip:	PALM BEACH GARDENS FL 33408	City-State-Zip:	PALM BEACH GARDENS FL 33408
Title	DIRECTOR	Title	TREASURER
Name	ZIELASKO, TROY	Name	COLAVECCHIO, PETER
Address	MMI OF THE PALM BEACHES INC 11770 US HWY ONE SUITE 501E	Address	MMI OF THE PALM BEACHES INC 11770 US HWY ONE SUITE 501E
City-State-Zip:	PALM BEACH GARDENS FL 33408	City-State-Zip:	PALM BEACH GARDENS FL 33408
Title	DIRECTOR		
Name	METRISIN, JOSEPH		
Address	MMI OF THE PALM BEACHES INC 11770 US HWY ONE SUITE 501E		
City-State-Zip:	PALM BEACH GARDENS FL 33408		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WARREN APLIN		PRESIDENT	04/05/2022
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 05, 2022 Secretary of State 8597041008CC

Certificate of Status Desired: No