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: LINDA MORTON

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# 758302

Entity Name: COLONIAL CENTER ASSOCIATION, INC.

#### **Current Principal Place of Business:**

COLONIAL CENTER ASSOCIATION 1230 S. FEDERAL HWY 101 BOYNTON BEACH, FL 33435

## **Current Mailing Address:**

CENTURY MANAGEMENT CONSULTANTS 2950 JOG ROAD GREEENACRES, FL 33467

## FEI Number: 59-2159966

# Name and Address of Current Registered Agent:

BECKER & POLIA KOFF, P.A. 625 N. FLAGLER DRIVE 7TH FLOOR 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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	VICE PRESIDENT	Title	SEC. TREASURER
Name	EWING, AUBREY	Name	NEADEL, ROBERT
Address	1230 S FEDERAL HWY, SUITE 101	Address	1210 S FEDERAL HWY, SUITE 102
City-State-Zip:	BOYNTON BCH FL 33435	City-State-Zip:	BOYNTON BEACH FL 33435
Title	PRES		
Name	MORTON, LINDA		
Address	1200 S. FEDERAL HWY SUITE 301		
City-State-Zip:	BOYNTON BEACH FL 33435		

PRESIDENT

03/23/2017

Date

FILED Mar 23, 2017 Secretary of State CC8220833964

Certificate of Status Desired: No

Date