2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18985

Entity Name: THE COLONY AT BREAKERS WEST HOMEOWNERS

ASSOCIATION, INC.

Current Principal Place of Business:

C/O DAVENPORT PROFESSIONAL PROPERTY MGMT 6620 LAKE WORTH ROAD SUITE F

LAKE WORTH, FL 33467

Current Mailing Address:

C/O DAVENPORT PROFESSIONAL PROPERTY MGMT 6620 LAKE WORTH ROAD SUITE F

LAKE WORTH, FL 33467 US

FEI Number: 65-0126270 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARD DAMON POSNER PHETERSON & BLEAU, P.L. 4420 BEACON CIRCLE

WEST PALM BEACH, FL 33407 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: MICHAEL J POSNER 03/28/2018

> Date Electronic Signature of Registered Agent

FILED Mar 28, 2018

Secretary of State

CC4797611436

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name FINK, ROBERT Name SEMEGRAM, BARRY

Address C/O DAVENPORT PROFESSIONAL Address C/O DAVENPORT PROFESSIONAL

> PROPERTY MGMT PROPERTY MGMT

6620 LAKE WORTH ROAD SUITE F 6620 LAKE WORTH ROAD SUITE F

LAKE WORTH FL 33467 LAKE WORTH FL 33467 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **PRESIDENT**

HEALY, MARY Name KIRSCHNER, LEWIS Name

C/O DAVENPORT PROFESSIONAL C/O DAVENPORT PROFESSIONAL Address Address PROPERTY MGMT PROPERTY MGMT

6620 LAKE WORTH ROAD SUITE F 6620 LAKE WORTH ROAD SUITE F

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title VP, TREASURER Title DIRECTOR

Name PAXMAN, JOHN Name GRACE, TERESITA PI

Address C/O DAVENPORT PROFESSIONAL Address C/O DAVENPORT PROFESSIONAL

PROPERTY MGMT

PROPERTY MGMT

6620 LAKE WORTH ROAD SUITE F 6620 LAKE WORTH ROAD SUITE F LAKE WORTH FL 33467 City-State-Zip: City-State-Zip: LAKE WORTH FL 33467

Title **DIRECTOR**

Name AAB, WILLIAM

C/O DAVENPORT PROFESSIONAL Address PROPERTY MGMT

6620 LAKE WORTH ROAD SUITE F

City-State-Zip: LAKE WORTH FL 33467

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.

03/28/2018 SIGNATURE: MARY HEALY PRESIDENT