

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18985

Entity Name: THE COLONY AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 09, 2017
Secretary of State
CC9683317672**Current Principal Place of Business:**C/O G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463**Current Mailing Address:**C/O G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463 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****04/09/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, TREASURER
Name	MOREY, HERBERT
Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	FINK, ROBERT
Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	SEMEGRAM, BARRY
Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR, SECRETARY
Name	KIRSCHNER, LEWIS
Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	PRESIDENT
Name	HEALY, MARY
Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR, VP
Name	PAXMAN, JOHN
Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	GRACE, TERE PI
Address	C/O G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

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: MARY HEALY**PRESIDENT****04/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date