

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90044 019 \*\*\*\*61.25

**DOCUMENT # 721268**

1. Entity Name  
**COLONIAL CLUB CONDOMINIUM ASSOC. SEC 1, INC.**



Principal Place of Business  
**26 COLONIAL CLUB DRIVE  
BOYNTON BEACH, FL 33435 US**

Mailing Address  
**500 NE SPANISH RIVER BLVD  
18  
BOCA RATON, FL 33431 US**

**54009932**



02062004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1534387**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILLIS, ERNEST W  
500 NE SPANISH RIVER BLVD STE 18  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LINDSAY, FRANK 30 COLONIAL CLUB DRIVE #300 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POZO, ENEIDA 35 COLONIAL CLUB DRIVE #205 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURGESS, ELEANOR 28 COLONIAL CLUB DRIVE #104 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURGESS, ALBERT 28 COLONIAL CLUB DR #104 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINDSAY, MARILYN 30 COLONIAL CLUB DR #300 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINHOLD, PETER 49 KING ST GROVELAND, MA 01834	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'MALLEY, PATRICIA 6 COLONIAL CLUB DRIVE, #104 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CLIKEMAN, ELAINE 32 COLONIAL CLUB DRIVE, #302 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURGESS, ELEANOR 28 COLONIAL CLUB DRIVE, #104 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PICKEL, JOYCE 9 COLONIAL CLUB DRIVE, #104 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLENK, HAROLD 30 COLONIAL CLUB DRIVE, #302 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REINHOLD, PETER 7 COLONIAL CLUB DRIVE, #100 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/04

Date

561-738-1644

Daytime Phone #

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment

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Suite, Apt. #, etc.

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TITLE PD  
NAME LINDSAY, FRANK  
STREET ADDRESS 30 COLONIAL CLUB DRIVE #300  
CITY-ST-ZIP BOYNTON BEACH, FL 33435 ☒ Delete

TITLE D  
NAME CALLAHAN, JAMES  
STREET ADDRESS 11 COLONIAL CLUB DRIVE, #202  
CITY-ST-ZIP BOYNTON BEACH, FL 33435 ☐ Change ☒ Addition

TITLE D  
NAME POZO, ENEIDA  
STREET ADDRESS 35 COLONIAL CLUB DRIVE #205  
CITY-ST-ZIP BOYNTON BEACH, FL 33435 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME BURGESS, ELEANOR  
STREET ADDRESS 28 COLONIAL CLUB DRIVE #104  
CITY-ST-ZIP BOYNTON BEACH, FL 33435 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME BURGESS, ALBERT  
STREET ADDRESS 28 COLONIAL CLUB DR #104  
CITY-ST-ZIP BOYNTON BEACH, FL 33435 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME LINDSAY, MARILYN  
STREET ADDRESS 30 COLONIAL CLUB DR #300  
CITY-ST-ZIP BOYNTON BEACH, FL 33435 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME REINHOLD, PETER  
STREET ADDRESS 49 KING ST  
CITY-ST-ZIP GROVELAND, MA 01834 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #