


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90044 020 ****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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1534387	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Black, Stephen 34 Colonial Club Drive #105 Boynton Beach, FL 33435	<input type="checkbox"/> Delete	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Halsted, John 29 Colonial Club Drive #205 Boynton Beach, FL 33435	<input checked="" type="checkbox"/> Delete	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Burgess, Eleanor 28 Colonial Club Dr. #104 Boynton Beach, FL 33435	<input type="checkbox"/> Delete	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Callahan, James 11 Colonial Club Dr. #202 Boynton Beach, FL 33435	<input type="checkbox"/> Delete	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Callahan, James 11 Colonial Club Dr. #202 Boynton Beach, FL 33435	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REINHOLD, PETER 49 KING ST GROVELAND, MA 01834	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Reinhold, Peter 49 King St Groveland, MA 01834	<input type="checkbox"/> Delete	<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: <i>Joyce Pickel</i> <i>Peter E. Reinhold</i> 561-750-0040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					