

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90443 017 ****61.25

DOCUMENT # N00000006903																																																																																																																																																																													
1. Entity Name THE COLONY AT DELRAY BEACH HOMEOWNERS ASSOCIATION, INC.																																																																																																																																																																													
Principal Place of Business 400 POST AVE. WESTBURY, NY 11590 US			Mailing Address 400 POST AVE. WESTBURY, NY 11590 US																																																																																																																																																																										
2. Principal Place of Business c/o CMC Management Inc Suite, Apt. #-etc. 2994 JOG ROAD, SUITE B City & State GREENACRES, FL Zip 33467 Country USA		3. Mailing Address c/o CMC Management Inc Suite, Apt. #-etc. 2994 JOG ROAD, SUITE B City & State GREENACRES, FL Zip 33467 Country USA																																																																																																																																																																											
04182005 Chg-NP		CR2E037 (10/03)																																																																																																																																																																											
4. FEI Number 65-0924169				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																																																									
6. Name and Address of Current Registered Agent LEOPOLD, NORMAN 20801 BISCAYNE BLVD. STE. 501 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name SCOT A. GERRISH Street Address (P.O. Box Number is Not Acceptable) c/o CMC MANAGEMENT INC 2994 JOG ROAD, SUITE B City GREENACRES FL Zip Code 33467																																																																																																																																																																										
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;"> Apr. 1 20, 2005 <small>DATE</small> </div> </div>																																																																																																																																																																													
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																																																																																																																																																																									
Make check payable to Florida Department of State																																																																																																																																																																													
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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 recorder 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.																																																																																																																																																																													
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<div style="display: flex; justify-content: space-between;"> <div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> BILL RUSSELL, COO/VP 4/26/05 561-641-1016 </div> <div> <small>Date</small> 4/26/05 </div> <div> <small>Daytime Phone #</small> 561-641-1016 </div> </div>																																																																																																																																																																													