

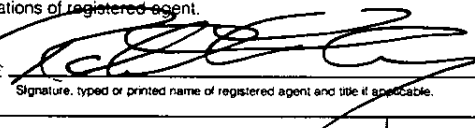
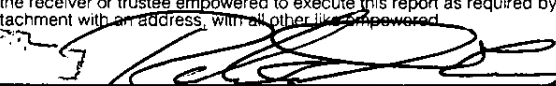


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90004 038 ****61.25

DOCUMENT # N00000006903					
1. Entity Name THE COLONY AT DELRAY BEACH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O CMC MANAGEMENT INC 2994 JOG ROAD, SUITE B GREEN ACRES, FL 33467 US			Mailing Address C/O CMC MANAGEMENT INC 2994 JOG ROAD, SUITE B GREEN ACRES, FL 33467 US		
2. Principal Place of Business 6300 PARK OF COMMERCE BLVD Suite, Apt. #, etc.		3. Mailing Address 6300 Park of Commerce Blvd Suite, Apt. #, etc.			
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 65-0924169	
Zip 33487		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERRISH, SCOT A C/O CMC MANAGEMENT INC 2994 JOG ROAD, SUITE B GREEN ACRES, FL 33467				7. Name and Address of New Registered Agent Name: McClosky Dianne Dieterle Street Address (P.O. Box Number is Not Acceptable): 2300 Glades Road Suite 400 East Tower City: Boca Raton FL Zip Code: 33431	
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:  DATE: 4/25/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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	Delete <input checked="" type="checkbox"/>	
	VD CAVANAGH, NANCY	1695 E. CLASSICAL BLVD	DELRAY BEACH, FL 33445		
	D ZABNIENSKI, WOJCIECH	4797 MODERN DRIVE	DELRAY BEACH, FL 33445	Delete <input type="checkbox"/>	
	PD RUSSELL, BILL	4822 S. CLASSICAL BLVD	DELRAY BEACH, FL 33445	Delete <input checked="" type="checkbox"/>	
	TD LITTLEFIELD, DOVE	1601 E. CLASSICAL BLVD	DELRAY BEACH, FL 33445	Delete <input checked="" type="checkbox"/>	
	SD AL-KNAFAJI, SINAM	1641 W. CLASSICAL BLVD	DELRAY BEACH, FL 33445	Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
	PD Robert Friskney	1605 E. CLASSICAL BLVD	DELRAY BEACH, FL 33445		
	DT Todd Miller	1619 E. CLASSICAL BLVD	DELRAY BEACH FL 33445	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
	DVP Tom Donahue	1637 E. CLASSICAL BLVD.	DELRAY BEACH FL 33445	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					