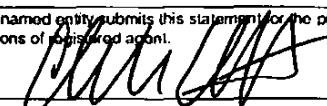
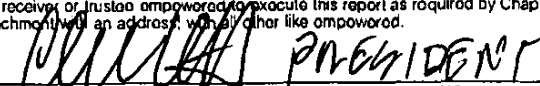


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

03-26-2007 90070 033 ****61.25

DOCUMENT # N00000006903					
1. Entity Name THE COLONY AT DELRAY BEACH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US			Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0924169	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACKER LAW FIRM 400 SOUTH DIXIE HIGHWAY, SUITE 420 BOCA RATON FL 33432				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  PRESIDENT 9/9/07					
SIGNATURE, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	HALBERG, CHARLES			NAME	
STREET ADDRESS	4870 S CLASSICAL BLVD			STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BEACH FL 33445			CITY-STATE-ZIP	
TITLE	SD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	AL-KNAFAJI, SINAM			NAME	
STREET ADDRESS	1641 W. CLASSICAL BLVD			STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BEACH FL 33445			CITY-STATE-ZIP	
TITLE	VD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DONAHUE, THOMAS			NAME	
STREET ADDRESS	1637 E CLASSICAL BLVD			STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BEACH FL 33445			CITY-STATE-ZIP	
TITLE	TD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, STUART			NAME	
STREET ADDRESS	4766 MODERN DR			STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BEACH FL 33445			CITY-STATE-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SHORE, MICHAEL			NAME	
STREET ADDRESS	1607 W CLASSICAL BLVD			STREET ADDRESS	
CITY-STATE-ZIP	DELRAY BEACH FL 33445			CITY-STATE-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, which is or like empowered.					
SIGNATURE:  PRESIDENT 9/9/07 561-441-2990					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					