


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90008 008 ****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			
Zip	Country	Zip	Country	4. FEI Number 65-0924169	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BACKER LAW FIRM 400 SOUTH DIXIE HIGHWAY, SUITE 420 BOCA RATON, FL 33432			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME HALBERG, CHARLES	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	JAY LONDON
STREET ADDRESS 4870 S CLASSICAL BLVD	CITY-ST-ZIP DELRAY BEACH, FL 33445		STREET ADDRESS S, CLASSICAL BLVD	CITY-ST-ZIP DELRAY BEACH, FL 33445	
TITLE SD	NAME AL-KNAFAJI, SINAM	<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MELISSA FRISKWEY
STREET ADDRESS 1641 W. CLASSICAL BLVD	CITY-ST-ZIP DELRAY BEACH, FL 33445		STREET ADDRESS 1605 E. CLASSICAL BLVD	CITY-ST-ZIP DELRAY BEACH, FL 33445	
TITLE PRES	NAME DONAHUE, THOMAS	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1637 E CLASSICAL BLVD	CITY-ST-ZIP DELRAY BEACH, FL 33445		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME GOLDSTEIN, STUART	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4766 MODERN DR	CITY-ST-ZIP DELRAY BEACH, FL 33445		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME SHORE, MICHAEL	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1607 W CLASSICAL BLVD	CITY-ST-ZIP DELRAY BEACH, FL 33445		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SECRETARY	NAME MELISSA FRISKWEY	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1605 E. CLASSICAL BLVD	CITY-ST-ZIP DELRAY BEACH, FL 33445		STREET ADDRESS 	CITY-ST-ZIP 	
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: <i>Thomas J. Donahue</i>			HOA PRESIDENT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/11/08 901-498-172L		
			<small>Date Daytime Phone #</small>		