
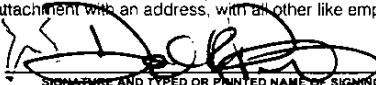


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90056 002 ****61.25

DOCUMENT # N04000006021							
1. Entity Name COLONY PRESERVE OF BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487					
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 90-0136921			
				Applied For Not Applicable			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PIPHER, DANIEL		NAME				
STREET ADDRESS	12405 COLONY PRESERVE DR.		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PARKER, DAVID		NAME				
STREET ADDRESS	12653 COLONY PRESERVE DR.		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	T + DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EMELIANCHIK, JOHN		NAME				
STREET ADDRESS	12070 COLONY PRESERVE DR.		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: 		Daniel R. Pipher President 3/2/08		561 704-5337			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			