

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004305

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** COLONY PALMS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

400 POST AVENUE  
WESTBURY, NY 11590 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 POST AVENUE  
WESTBURY, NY 11590 US

**New Mailing Address:**

**FEI Number:** 20-2674849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALBERG, CHARLES  
200 CONGRESS PARK DRIVE  
SUITE 206  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: MONTER, ELLIOT  
Address: 200 CONGRESS PARK DRIVE, SUITE 206  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VP/D ( ) Delete  
Name: SPIRIO, RICHARD  
Address: 200 CONGRESS PARK DRIVE, SUITE 206  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: ST/D ( ) Delete  
Name: HALBERG, CHARLES  
Address: 200 CONGRESS PARK DRIVE, SUITE 206  
City-St-Zip: DELRAY BEACH, FL 33445 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIOT MONTER

PRES

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date