FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:14

DOCUMENT # N18985 (4) $130.00

1. Corporation Name

THE COLONY AT BREAKERS WEST HOMEOWNERS ASSOCIATI ON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O LANG MANAGEMENT 4295 TOWN CENTER RD., SUITE 200 BOCA RATON FL 33486 US	C/O LANG MANAGEMENT 5295 TOWN CENTER RD., SUITE 200 BOCA RATON FL 33486 US

3. Date Incorporated or Qualified: 01/28/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0081870 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ISAACSON, WILLIAM K. C/O LANG MANAGEMENT 5295 TOWN CENTER RD., SUITE 200 BOCA RATON FL 33486	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	T	☐ Change ☑ Addition
NAME	BURBANK, PETER	1.2 NAME	Lou Kagan	
STREET ADDRESS	9136 BAXBURY LANE	1.3 STREET ADDRESS	962C Heritage Hills	
CITY-ST-ZIP	WEST PALM BCH. FL	1.4 CITY-ST-ZIP	Somers, NY 10589	
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	[redacted]	2.2 NAME	Martin Baum	
STREET ADDRESS	[redacted]	2.3 STREET ADDRESS	9101 Baybury Lane	
CITY-ST-ZIP	[redacted]	2.4 CITY-ST-ZIP	WPB, FL 33411	
TITLE	VD	3.1 TITLE	D	☐ Change ☑ Addition
NAME	WEISS, DONALD	3.2 NAME	Lynne Doctor	
STREET ADDRESS	1050 LYTHAM CT.	3.3 STREET ADDRESS	963 Drury Place	
CITY-ST-ZIP	WEST PALM BCH. FL	3.4 CITY-ST-ZIP	WPB, FL 33411	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JOSEPH	4.2 NAME		
STREET ADDRESS	9065 BAYBURY LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	NORMAN SISKIND	5.2 NAME		
STREET ADDRESS	9181 HEATHRIDGE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald G. Weiss DONALD G. WEISS 1/19/95 (407)791-0408
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0015410