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NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

THE COLONY AT BREAKERS WEST HOMEOWNERS ASSOCIATI ON, INC.

FILED Apr 23 1998 8:00am Secretary of State

A TARATERN ORGETTARE INKLU LOCAL ARBEIT DIE ORGETTARE DIE ORGETTARE DE CONTRACTOR DE C

							<u> </u>					
Principal Place of Business Mailing Address							n namilias san isaan jada sahat mith anit alati atah sibit sibit ajah bibit sibit sabi					
% G.R.S. MANAGEMENT ASSOCIATION. INC. 3900 WOODLAKE BLVD #201 LAKE WORTH FL 33463			3900 WOODLAKE	% G.R.S. MANAGEMENT ASSOCIATION. INC. 3900 WOODLAKE BLVD #201 LAKE WORTH FL 33463			3. Date Incorporated or Qualified 01/28/1987					
Ü			US	•••			4. FEI Number 65-0126270	Applied For Not Applicable	e			
2. Principal Place of Business 21			2a. Mailing Addre	2a. Mailing Address 28			· · · · · · · · · · · · · · · · · · ·	\$8.75 Additional Fee Regulred				
22			27	Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
23	City & State		City & State	28			7. Is this nonprofit corporation a homeowners association? X Yes No					
24		Country 25	Zip 29	30	untry	SA	8. This corporation owes or has paid the currer Personal Property Tax due June 30.	nt year Intangible Yes				
	Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent 81 Name					
NACON VEACED OFFICON HARITE & LEGGE & A						Name						
	NASON,YEAGER,GERSON,WHITE & LEOCE P.A. 1845 PALM BEACH LAKES BLVD.					Street Add	dress (P.O. Box Number is Not Acceptable)					
# 200 WEST PALM BEACH FL 33401						·						
	TEOT I ALM OCAC	1116 00401			84	City	FL	85 Zip Code				
	4 5	10 11 0100	CAA									

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE													
12.	OFFICERS AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
TITLE	PD	DELETE	1.1 TITLE		Change	Addition							
NAME	Burbank, Peter		1.2 NAME										
STREET ADDRESS	9136 BAXBURY LANE		1.3 STREET ADDRESS										
CITY - ST - ZIP	WEST PALM BCH. FL 33411		1.4 CITY+ST-ZIP										
TITLE	D	DELETE	2.1 TITLE		Change	☐ Addition							
NAME	Baum, Martin		22 NAME										
STREET ADDRESS	9101 BAYBURY LANE		2.3 STREET ADDRESS										
CITY-ST-ZIP	WEST PALM BEACH FL 33411		2 4 CITY-ST-ZIP										
TITLE	VPSD	DELETE	3.1 TITLE	5D	☐ Change	Addition							
NAME	WEISS, DONALD		3.2 NAME	DOCTOR, LYNN		Ť							
STREET ADDRESS	1050 LYTHAM CT.		3.3 STREET ADDRESS	943 DRURY PLACE									
CITY-ST-ZIP	WEST PALM BCH. FL 33411		3.4. CITY - ST - ZIP	WEST PALM BEACH, PL 33411									
TITLE	VPD	DELETE	4.1 TITLE	D	☐ Change	Addition							
NAME	SMITH, JOSEPH	•	4. 2 NAME	WAYNIK CYRIL									
STREET ADDRESS	9065 BAYBURY LANE		4.3 STREET ADDRESS	9065 BAYBURY LANE									
CITY-ST-ZIP	WEST PALM BEACH FL 33411		4.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33411									
TITLE	D	DELETE	5.1 TITLE	VPD	Change Change	☐ Addition							
NAME	NORMAN SISKIND		5.2 NAME	SISKIND, NORMAN									
STREET ADDRESS	9181 HEATHRIDGE DRIVE		5.3 STREET ADDRESS	-Totaldo' MOSIM "									
CITY-ST-ZIP	WEST PALM BEACH FL 33411		5.4 CITY-ST-ZIP										
TITLE	D	DELETE	6.1 TITLE	TD	Change	Addition							
NAME	KAGAN, LOUIS		6.2 NAME										
STREET ADDRESS	911 DICKENS PLACE		6.3 STREET ADDRESS	991 DICKENS PLACE									
CITY-ST-ZIP	WEST PALM BEACH FL 33411	i	6.4 CITY - ST - ZIP	-									

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE:

- 1 deck Vin Pus. 4/14/98 561-641-8554