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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18985

1. Corporation Name

**THE COLONY AT BREAKERS WEST HOMEOWNERS ASSOCIATI
ON, INC.**

Principal Place of Business

% G.R.S. MANAGEMENT ASSOCIATION, INC.
3900 WOODLAKE BLVD., #201
LAKE WORTH FL 33463
US

Mailing Address

% G.R.S. MANAGEMENT ASSOCIATION, INC.
3900 WOODLAKE BLVD., #201
LAKE WORTH FL 33463
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country **USA**

3. Date Incorporated or Qualified

01/28/1987

4. FEI Number

65-0126270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**NASON,VEAGER,GERSON,WHITE & LEOCE P.A.
1645 PALM BEACH LAKES BLVD.
200
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name **Patti Heidler Ladwig, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
Wellington Country Plaza
83 **12765 W. Forest Hill Blvd., Suite 1317**
84 City **Wellington** 85 Zip Code **FL 33414**

11. 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

Patti Heidler Ladwig **3/22/99**

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BURBANK, PETER | |
| STREET ADDRESS | 9136 BAXBURY LANE | |
| CITY-ST-ZIP | WEST PALM BCH. FL 33411 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BAUM, MARTIN | |
| STREET ADDRESS | 9101 BAYBURY LANE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33411 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | DOCTOR, LYNN | |
| STREET ADDRESS | 943 DRURY PLACE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33411 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WAYNIK, CYRIL | |
| STREET ADDRESS | 9065 BAYBURY LANE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33411 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | SISKIND, NORMAN | |
| STREET ADDRESS | 9181 HEATHRIDGE DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33411 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KAGAN, LOUIS | |
| STREET ADDRESS | 991 DICKENS PLACE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33411 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE **3/19/99**

Date

561-641-8554

Daytime Phone #

CR2E037-(11/98)