2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90089 045 ****61.25

DOCUMENT # N18985

1. Entity Name

THE COLONY AT BREAKERS WEST HOMEOWNERS ASSOCIATI

Principal Place of Business	Mailing Address
% G.R.S. MANAGEMENT ASSOCIATION, INC. 3900 WOODLAKE BLVD., #201 LAKE WORTH FL 33463 US	% G.R.S. MANAGEMENT ASSOCIATION, INC. 3900 WOODLAKE BLVD., #201 LAKE WORTH FL 33463-3045 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0126270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATI HEIDLER LADWIG, P.A. WELLINGTON COUNTRY PLAZA 12765 W. FOREST HILL BLVD., SUITE ~~1313~~ # 1312 WELLINGTON FL 33414	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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURBANK, PETER 9136 BAXBURY LANE WEST PALM BCH. FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER SHAPIRO, ALVIN 922 Dickens Place West Palm Beach, fl 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUM, MARTIN 9101 BAYBURY LANE WEST PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DOCTOR, LYNN 943 DRURY PLACE WEST PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice - President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAYNIK, CYRIL 9065 BAYBURY LANE WEST PALM BEACH FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SCHERBY, Michael 914 DRURY LANE West Palm Beach, fl 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SISKIND, NORMAN 9181 HEATHRIDGE DRIVE WEST PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SCHAEFFER, NEIL 1109 Lytham Court West Palm Beach, fl 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KAGAN, LOUIS 991 DICKENS PLACE WEST PALM BEACH FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Abraham, Patricia Ann 9253 Heathridge Dr. West Palm Beach, fl 33411	☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 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: Patricia Abraham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #