

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

064412

DOCUMENT # N18985

1. Entity Name

THE COLONY AT BREAKERS WEST HOMEOWNERS ASSOCIATI

03-27-2001 90010 035 ****61.25

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

4. FEI Number

65-0126270

Applied For

Not Applicable

Zip

Country

Zip

Country

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 1317
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 ☐ Delete
 NAME PD
 STREET ADDRESS BURBANK, PETER
 CITY-ST-ZIP 9136 BAXBURY LANE
 WEST PALM BCH, FL 33411

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS Brue, Violet
 CITY-ST-ZIP 9148 Baybury Lane
 WEST Palm Bch, FL 33411

TITLE ☒ Delete
 NAME S
 STREET ADDRESS BAUM, MARTIN
 CITY-ST-ZIP 9101 BAYBURY LANE
 WEST PALM BEACH FL 33411

TITLE ☒ Change ☐ Addition
 NAME VPD
 STREET ADDRESS BAUM, MARTIN
 CITY-ST-ZIP 9101 Baybury Lane
 WEST Palm Bch FL 33411

TITLE ☒ Delete
 NAME VP
 STREET ADDRESS DOCTOR, LYNN
 CITY-ST-ZIP 943 DRURY PLACE
 WEST PALM BEACH FL 33411

TITLE ☐ Change ☒ Addition
 NAME TD
 STREET ADDRESS Simpson, Jack
 CITY-ST-ZIP 9253 Heathridge Dr.
 WEST Palm Bch, FL 33411

TITLE ☒ Delete
 NAME T
 STREET ADDRESS SHAPIRO, ALVIN
 CITY-ST-ZIP 922 DICKENS PLACE
 WEST PALM BEACH FL 33411

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS Stayman, Harold
 CITY-ST-ZIP 1070 Lytham CRT
 WEST Palm Bch FL 33411

TITLE ☒ Delete
 NAME VPD
 STREET ADDRESS SISKIND, NORMAN
 CITY-ST-ZIP 9181 HEATHRIDGE DRIVE
 WEST PALM BEACH FL 33411

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS JACOBUS, Harold
 CITY-ST-ZIP 9173 Heathridge Dr.
 WEST Palm Bch, FL 33411

TITLE ☒ Delete
 NAME D
 STREET ADDRESS SCHERBY, MICHAEL
 CITY-ST-ZIP 914 DREARY LN.
 WEST PALM BEACH FL 33411

TITLE ☒ Change ☐ Addition
 NAME SD
 STREET ADDRESS Scherby, Michael
 CITY-ST-ZIP 914 Dreary Lane
 WEST Palm Bch, FL 33411

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)