

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90023 033 \*\*\*\*61.25

**DOCUMENT # N18985**

1. Entity Name  
**THE COLONY AT BREAKERS WEST HOMEOWNERS  
ASSOCIATION, 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**

9007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**G.R.S. MANAGEMENT ASSOCIATES, INC. G.R.S. MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD. SUITE 309 3900 WOODLAKE BLVD. SUITE 309  
LAKE WORTH, FL 33463 LAKE WORTH, FL 33463**

01032006 Chg-NP CR2E037 (11/05)

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 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME BAUM, MARTIN  
STREET ADDRESS 3101 BAYBURY LANE  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BRAE, VIOLET  
STREET ADDRESS 9148 BAYBURY LANE  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME SIMPSON, JACK  
STREET ADDRESS 9253 HEATHRIDGE DR  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FELMING, ANDREW  
STREET ADDRESS 1109 LYTHAM ST.  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JACOBUS, HAROLD  
STREET ADDRESS 9173 HEATHRIDGE DR  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #