

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18985

FILED
Mar 05, 2009
Secretary of State

Entity Name: THE COLONY AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% G.R.S. MANAGEMENT ASSOCIATION, INC.
3900 WOODLAKE BLVD., #309
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

% G.R.S. MANAGEMENT ASSOCIATION, INC.
3900 WOODLAKE BLVD., #309
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0126270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW & LEVINE, P.A
1900 N. COMMERCE PKWY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURBANK, PETER
Address: 9136 BAXBURY LANE
City-St-Zip: WEST PALM BCH., FL 33411

Title: SD () Delete
Name: SCHERBY, MICHAEL
Address: 914 DURY PL
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: BRAE, VIOLET
Address: 9148 BAYBURY LANE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD () Delete
Name: SIMPSON, JACK
Address: 9253 HEATHRIDGE DR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: FELMING, ANDREW
Address: 1109 LYTHAM ST.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: JACOBUS, HAROLD
Address: 9173 HEATHRIDGE DR
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FELMING, SALLY
Address: 1109 LYTHAM ST.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER BURBANK

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date