

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18985

FILED  
Mar 30, 2012  
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:**

HABERMAN LAW, P.A.  
2255 GLADES ROAD  
SUITE 324-A  
BOCA RATON, FL 33431 US

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: LEONARD HABERMAN      03/30/2012  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SMITH, JOE  
Address: 9065 BAYBURY LANE  
City-St-Zip: WEST PALM BCH., FL 33411

Title: VP  
Name: SCHERBY, MICHAEL  
Address: 914 DURY PL  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: P  
Name: FINK, ROBERT  
Address: 9173 BAYBURY LANE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D  
Name: SEMEGRAM, BARRY  
Address: 9017 HEATHRIDGE DR  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TRES  
Name: KIRSCHNER, LEWIS  
Address: 898 DICKENS PLACE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SEC  
Name: JACOBUS, HAROLD  
Address: 9173 HEATHRIDGE DR  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: ROBERT FINK      P      03/30/2012  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date