

6/26/23, 3:05 PM

n18985

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : WARD, DAMON & POSNER, P.A.  
Account Number : 072262000447  
Phone : (561)842-3000  
Fax Number : (561)842-3626

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mjposner@warddamon.com

**REGISTERED AGENT CHANGE  
THE COLONY AT BREAKERS WEST HOMEOWNERS  
ASSOCIATION,**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2023 JUN 27 AM 1:43

2023 JUN 26 AM 10:55

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Corporate Filing Menu

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Colony at Breakers West Homeowners Association, Inc.
2. The principal office address: c/o Davenport Property Mgmt.  
6620 Lake Worth Rd., Suite F, Lake Worth, FL 33467
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/28/1987 Document number: N18985
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ward Damon Posner Pheterson & Bleau, P.L.

4420 Beacon Circle

West Palm Beach, FL 33407

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ward Damon, PL

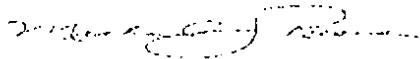
4420 Beacon Circle

P.O. Box NOT acceptable

West Palm Beach, FL 33407

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

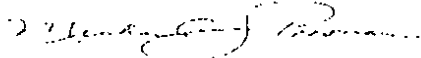


Signature of an officer or director

Michael J Posner, Manager

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*



Signature of Registered Agent

6/26/2023

Date

If signing on behalf of an entity:

Michael J Posner, Manager

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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