FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

(6)

GOLF COLONY HOMEOWNERS' ASSOCIATION, INC.

| Principal Prace | e of Business | Mailing Address | | ********* | | | |
|---|---|---|---|--------------------------|---|---|--|
| % 6040 PITCH LANE BOYNTON BEACH FL 33437 US | | % 6040 PITCH LANE BOYNTON BEACH FL 33437 US | | | | | |
| US | | | | | 3. Date Incorporated or Qualified 04/14/1988 | 3a. Date of Last Report 04/23/1996 | |
| ' | ace of Business | 2a. Mailing Address | | | 4. FEI Number 65-0198704 | Applied For Not Applicable | |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | | , | 5. Certificate of Status Desired | \$8.75 Additional | |
| City & State | A. | City & State | | | C. Charles Conseins Changing | Fee Required | |
| 23 | u | 28 | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zιρ | Country Zip Co | | Country | | 8. This corporation has liability for intangible tax under s. 199.032, Ftorida Statutes | | |
| 24 | 9. Name and Address of Curren | | <u> </u> | | 10. Name and Address of New Re | | |
| | | | 81 1 | Vame | | | |
| CUSTOM PROPERTY MANAGEMENT, INC. | | | 82 5 | Street Addr | ress (P.O. Box Number is Not Acceptab | le) | |
| |). CONGRESS AVENUE | | 83 | | | | |
| SUITE 2 | ALM BEACH FL 33406 | | | | | | |
| MESI F | ALM DEAUN IL 33400 | | 84 (| City | | FL 85 Zip Code | |
| 11. Pursuant to office or reagent. La | to the provisions of Sections 617 050 egistered agent, or both, in the State m familiar with, and accept the obliga | 2 and 617.1508, Florida Statutes, t of Florida Such change was autho ations of, Section 617.0503, Florida | he above-ri orized by the Statutes. | amed corp ne corporat | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of changing its registered It the appointment as registered | |
| SIGNATURE _ | Signature, typed or printed name of registered age | thore po | n stored Agent | elanat va raavli | ired when reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | aignatore rador | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | PD | OELETE 1.1 TO | | D | O O O D D | Change Addition | |
| NAME | MP 1000 THE | | 1.2 NAME | M | ARCUS, PHILIP | | |
| STREET ADDRESS | | | 1.3 STREET AD | DRESS 6 | BOYNTON BEACH, FL 33437 | | |
| C-TY - ST - 7IP | BOYNTON BCH. FL 33437 | | | ZIP 13.0 | Change Addition | | |
| THTLE NAME | VPD TRACHTMAN, JACOB | 220 | | - 13° | OWERS DONALD | | |
| STREET AUDRESS | | | 2.3 STREET AD | DRESS / | POWERS, DONALD 12451 DOGLEG PRIVE BOYNTON BEACH, FL 33437 | | |
| CITY - ST - 7IP | | | 2 4 CITY-ST- | ZIP B | BOYNTON BEACH, FL 33437 | | |
| THTLE | TD | ☐ DELETE 3.1 T | | | • | ☐ Change ☐ Addition | |
| NAME | SCHNEIDER, DANIEL | | | | | | |
| STREET ADDRESS | 0,101,11011,011 | | 3.3 STREET AD | · | | | |
| CITY - \$1 - 2IP | | | 3.4. CITY - ST - 4.1 TITLE | | Change X Addition | | |
| TITLE NAME | , | | 4. 2 NAME | | URINOVITZ. MILD | | |
| STREET ADDRESS | | | 4.3 STREET AD | DORESS 6 | URINOVITZ, MILD | CBn. | |
| CITY-ST-ZIP | BOYNTON BCH, FL 33437 | | 4.4 CiTY - ST - | ZIP B | OYNTON REACH, | ₩ L 3343.7 | |
| TITLE | | | 5.1 TITLE | P | D | Change 🔀 Addition | |
| NAME. | I WOODE, MODELIN | | 5.2 NAME | [5] | TEIN, LEWIS OSS GOLF VILL DYNTON BEACH, F | A (NO | |
| STREET ADDRESS | | | 5.3 STREET AL | DDRESS 6 | OSS GOLF VILL | <i>Π</i> | |
| CITY-SI-7-P | BOYNTON BCH. FL 33437 | DELETE | 54 CITY-ST- | ZIP U (| DINION BEACH, F | - C 3 3 4 3 / Addition | |
| THEF | | ☐ DELETE | 61 TITLE 62 NAME | | · | E comitée E vocation | |
| NAME STREET ADORESS | | | 6.3 STREET AC | ODRESS | | | |

14. If do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. 4 deward Stein

6.4 CITY-ST-ZIP

SIGNATURE: PLANS

March 15,1997

FILED

Mar 25 1997 8:00am

Secretary of State