

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32656

FILED
Feb 27, 2009
Secretary of State

Entity Name: COLORS LE PALAIS OF BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

GRS MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

GRS MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0033432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRS MGMT
3900 WOODLAKE BLVD
SUITE 309
LAKE WORTH, FL 33463 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: KONYK, CHELLE
Address: 4965 LECHALET BLVD.
City-St-Zip: BOYNTON BEACH, FL

Title: VP () Delete
Name: ROBBINS, GARY
Address: 4965 LECHALET BLVD.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: THRASHER, MARTHA
Address: 5680 DESCARTES CIR.
City-St-Zip: BOYNTON BEACH, FL

Title: T () Delete
Name: KRONBERG, JODIE
Address: 8806 INDIAN RIVER RUN
City-St-Zip: BONTON BEACH, FL

Title: D () Delete
Name: CHASSEY, GREG
Address: 5553 NESCAERTES CIR
City-St-Zip: BOYNTON BEACH, FL 33437

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:

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: CHELLE KONYK

PD

02/27/2009

Electronic Signature of Signing Officer or Director

Date