

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90072 020 ****61.25

DOCUMENT # N98000004634 1. Entity Name THE COLONY AT BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business M.O.R PROPERTY MGMT INC 100 EAST LINTON BLVD 207N DELRAY BEACH, FL 33483		Mailing Address M.O.R PROPERTY MGMT INC 100 EAST LINTON BLVD 207N DELRAY BEACH, FL 33483	
2. Principal Place of Business CAMS Suite, Apt. #, etc. 322 NE 3rd STREET City & State BOYNTON BEACH, FL Zip 33435		3. Mailing Address CAMS Suite, Apt. #, etc. 322 NE 3rd STREET City & State BOYNTON BEACH, FL Zip 33435	
4. FEI Number 22-3649132		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNER, LARRY E LARRY E. SCHNER, P.A. 750 SOUTH DIXIE HIGHWAY BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, RICHARD 7770 COLONY LAKE DRIVE BOYNTON BEACH, FL 33436 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREIRA, TERRENCE 7692 COLONY LAKE DRIVE BOYNTON BEACH, FL 33436 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONIQUE R. KIRLIN 7739 COLONY LAKE DR. BOYNTON BEACH, FL 33436 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCANN, COLLEAN 7667 COLONY LAKE DRIVE BOYNTON BEACH, FL 33436 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEST, JEFF 7757 COLONY LAKE DR BOYNTON BEACH, FL 33436 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASUCCI, SHARON 7571 COLONY LAKE DRIVE BOYNTON BEACH, FL 33436 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRANO, VICTOR 7566 COLONY LAKE DRIVE BOYNTON BEACH, FL 33436 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, FELIA 7523 COLONY LAKE DRIVE BOYNTON BEACH, FL 33436 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DURANCE, DANA 7745 COLONY LAKE DR. BOYNTON BEACH, FL 33436 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>Date Daytime Phone #</small>	