

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90105 008 \*\*\*\*61.25

**DOCUMENT # N98000004634**

1. Entity Name  
**THE COLONY AT BOYNTON BEACH HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**CAMS  
322 NE 3RD STREET  
BOYNTON BEACH, FL 33435**

Mailing Address  
**CAMS  
322 NE 3RD STREET  
BOYNTON BEACH, FL 33435**

**20033143**



2. Principal Place of Business

**314 NE 3rd Street**

3. Mailing Address

**314 NE 3rd Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172005

Chg-NP

CR2E037 (10/03)

City & State

**Boynton Beach, FL**

City & State

**Boynton Beach, FL**

4. FEI Number

**22-3649132**

Applied For

Not Applicable

Zip

**33435**

Country

**Palm Bch**

Zip

**33435**

Country

**Palm Bch**

5. Certificate of Status Desired ☐

**\$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

**SACHS, K. Klein**

Street Address (P.O. Box Number is Not Acceptable)

**301 YAMATO RD.**

**Suite 4150**

City

**BOCA RATON**

FL

Zip Code

**33431**

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

*[Signature]*

**LARRY Z. GLICKMAN**

**4/4/05**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME GRANT, RICHARD  
STREET ADDRESS 7770 COLONY LAKE DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE D ☒ Delete  
NAME KIRLIN, MONIQUE R  
STREET ADDRESS 7739 COLONY LAKE DR.  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE TD ☒ Delete  
NAME WEST, JEFF  
STREET ADDRESS 7757 COLONY LAKE DR.  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE SD ☒ Delete  
NAME CASUCCI, SHARON  
STREET ADDRESS 7571 COLONY LAKE DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE D ☒ Delete  
NAME SERRANO, VICTOR  
STREET ADDRESS 7566 COLONY LAKE DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE VP ☒ Delete  
NAME DURRANCE, DANA  
STREET ADDRESS 7745 COLONY LAKE DR.  
CITY-ST-ZIP BOYNTON BEACH, FL 33436

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE EDWARD E. Fitch ☐ Change ☒ Addition  
NAME 7836 Colony Lake Dr.  
STREET ADDRESS Boynton Beach, FL 33436  
CITY-ST-ZIP President

TITLE Secretary ☐ Change ☒ Addition  
NAME NATALIE O'Neill  
STREET ADDRESS 7507 Colony Palm Dr.  
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE V.P. ☐ Change ☒ Addition  
NAME RA PHACILA PATEWOSTA  
STREET ADDRESS 7572 Colony Lake Dr.  
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE Treasurer ☐ Change ☒ Addition  
NAME JILL CASUCCI  
STREET ADDRESS 7542 Colony Lake Dr.  
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE Director ☐ Change ☒ Addition  
NAME Andee Mogilevsky  
STREET ADDRESS 7643 Colony Lake Dr.  
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE Director ☐ Change ☒ Addition  
NAME SHARON AMANATHAN  
STREET ADDRESS 7620 Colony Lake Dr.  
CITY-ST-ZIP Boynton Beach, FL 33436

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 on an attachment with an address, with all other like empowered.

**SIGNATURE** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/05** **561649062**  
Date Daytime Phone #