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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

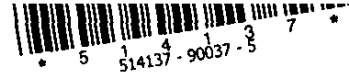


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004634

1. Corporation Name

THE COLONY AT BOYNTON BEACH HOMEOWNERS ASSOCIATI
ON, INC.



Principal Place of Business

400 POST AVENUE
WESTBURY NY 11590

Mailing Address

400 POST AVENUE
WESTBURY NY 11590



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

08/07/1998

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

22-3649132

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

24

Country

25

Zip

29

Country

30

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEATON, HARRY L ESQUIRE
7350 LECHALET BLVD.
BOYNTON BEACH FL

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME MONTER, ELLIOT
STREET ADDRESS 400 POST AVENUE
CITY-ST-ZIP WESTBURY NY 11590

TITLE VPD DELETE

NAME MONTER, MARILYN
STREET ADDRESS 400 POST AVENUE
CITY-ST-ZIP WESTBURY NY 11590

TITLE STD DELETE

NAME SPIRIO, RICHARD
STREET ADDRESS 400 POST AVENUE
CITY-ST-ZIP WESTBURY NY 11590

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Richard Spurio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

516 387 4200

Daytime Phone #

CR2E037 (1/98)

0000875