


**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.

City & State  
*Boynton Beach FL*

City & State  
*Boynton Beach FL*

Zip  
*33435*

Country  
*Palm Bch*



02172005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**22-3649132**

Applied For  
 Not Applicable

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

Name  
*SACHS + Klein*

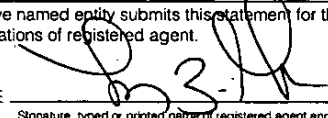
Street Address (P.O. Box Number is Not Acceptable)  
*301 YAMATO RD.*

*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  **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	<input checked="" type="checkbox"/> Delete
NAME	GRANT, RICHARD	
STREET ADDRESS	7770 COLONY LAKE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRLIN, MONIQUE R	
STREET ADDRESS	7739 COLONY LAKE DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEST, JEFF	
STREET ADDRESS	7757 COLONY LAKE DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CASUCCI, SHARON	
STREET ADDRESS	7571 COLONY LAKE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SERRANO, VICTOR	
STREET ADDRESS	7566 COLONY LAKE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VP	<input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>EDWARD Etchells JR.</i>	
STREET ADDRESS	<i>7836 Colony Lake Dr.</i>	
CITY-ST-ZIP	<i>Boynton Beach FL 33436</i>	
TITLE	<i>Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>NATALIE O'Neill</i>	
STREET ADDRESS	<i>7507 Colony Palm Dr.</i>	
CITY-ST-ZIP	<i>Boynton Beach, FL 33436</i>	
TITLE	<i>V.P.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>RA PHACILA PATEWOSTA</i>	
STREET ADDRESS	<i>7572 Colony Lake Dr.</i>	
CITY-ST-ZIP	<i>Boynton Beach, FL 33436</i>	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>JUL CASASILE</i>	
STREET ADDRESS	<i>7542 Colony Lake Dr.</i>	
CITY-ST-ZIP	<i>Boynton Beach, FL 33436</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Andee Magilevsky</i>	
STREET ADDRESS	<i>7643 Colony Lake Dr.</i>	
CITY-ST-ZIP	<i>Boynton beach, FL 33436</i>	
TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>SHARNA ANANTHAN</i>	
STREET ADDRESS	<i>7620 Colony Lake Dr.</i>	
CITY-ST-ZIP	<i>Boynton Beach, FL 33436</i>	

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 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  **JUAN CARDILLO** *3/21/05* *561649062*

Signature and typed or printed name of signing officer or director Date Daytime Phone #