


**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90252 019 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N07000007105</b>					
1. Entity Name COLONY AT LAKE WORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 200 CONGRESS PARK DRIVE SOUTH SUITE 206 DELRAY BEACH, FL 33445			Mailing Address 200 CONGRESS PARK DRIVE SOUTH SUITE 206 DELRAY BEACH, FL 33445		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALBERG, CHARLES 200 CONGRESS PARK DRIVE SOUTH SUITE 206 DELRAY BEACH, FL 33445			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
FL			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONTER, ELLIOT	NAME			
STREET ADDRESS	200 CONGRESS PARK DRIVE SOUTH, SUITE 206	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPIRIO, RICHARD	NAME			
STREET ADDRESS	200 CONGRESS PARK DRIVE SOUTH, SUITE 206	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALBERG, CHARLES	NAME			
STREET ADDRESS	200 CONGRESS PARK DRIVE SOUTH, SUITE 206	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			4/30/08		516-333-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

66014090



04292008 Chg-NP CR2E037 (12/06)

4. FEI Number  
26-2680895

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL Zip Code

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #