## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 721268** 

Entity Name: COLONIAL CLUB CONDOMINIUM ASSOC. SEC 1, INC.

FILED
Mar 21, 2024
Secretary of State
1856854738CC

## **Current Principal Place of Business:**

26 COLONIAL CLUB DRIVE BOYNTON BEACH, FL 33435

## **Current Mailing Address:**

C/O SEACREST SERVICES 2101 CENTREPARK WEST DRIVE SUITE 110 WEST PALM BEACH, FL 33409 US

FEI Number: 59-1534387 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WYANT-CORTEZ & CORTEZ CHARTERED 840 US HIGHWAY ONE SUITE 345 NORTH PALM BEACH, FL 33408 US

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.

SIGNATURE: CLAIRE WYANT-CORTEZ 03/21/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title VP

 Name
 BAUER, KATHY
 Name
 LEVENTHAL, HERBERT

 Address
 6 COLONIAL CLUB DRIVE
 Address
 8 COLONIAL CLUB DRIVE

6 COLONIAL CLUB DRIVE Address 8

City-State-Zip: BOYNTON BEACH FL 33435 City-State-Zip: BOYNTON BEACH FL 33435

Title TREASURER Title DIRECTOR

Name GRAY, ARLENE Name MILLS, FRANK

Address 18 COLONIAL CLUB DR Address 7 COLONIAL CLUB DR

City-State-Zip: BOYNTON BEACH FL 33435 City-State-Zip: BOYNTON BEACH FL 33435

Title DIRECTOR Title DIRECTOR

Name MARZANO, ANTON Name LOZEN, THOMAS

Address 9 COLONIAL CLUB DR Address 8 COLONIAL CLUB DR

# 200 # 304

City-State-Zip: BOYNTON BEACH FL 33435 City-State-Zip: BOYNTON BEACH FL 33435

Title SECRETARY Title DIRECTOR

NameCARROLL, OWENNameTHOMAS, STEPHANIEAddress6 COLONIAL CLUB DRAddress33 COLONIAL CLUB DR

04

City-State-Zip: BOYNTON BEACH FL 33435 City-State-Zip: BOYNTON BEACH FL 33435

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK MILLS DIRECTOR 03/21/2024