


FILE NOW: FILING FEE IS \$61.25

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Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722029 (6)
1. Corporation Name
BOYNTON CENTER NO. 3 CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business 306 E. OCEAN AVE. BOYNTON BEACH FL 33435	Mailing Address 306 E. OCEAN AVE. BOYNTON BEACH FL 33435-4574
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1971	3a. Date of Last Report 08/02/1996
21		26		4. FEI Number 59-1382315	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANIKAS, WILLIAM ATTORNEY AT LAW 639 E. OCEAN AVENUE, SUITE 307 BOYNTON BCH FL 33435				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL, FRANCIS	1.2 NAME	
STREET ADDRESS	306 E. OCEAN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHARLES R.	2.2 NAME	
STREET ADDRESS	831 SW 21ST CIRLCE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTHNAGLE, ROBERT	3.2 NAME	
STREET ADDRESS	4016 ALOE PATH	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.
CHARLES R. SMITH, DIRECTOR

CR2E037 (9/96)