

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758089 (7)

1. Corporation Name
BOYNTON LAKES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: C/O MANAGEMENT ASSIST. INC, 29 SE 20 AVE, POMPANO BEACH FL 33060 US
Mailing Address: C/O MANAGEMETN ASSIST. INC, 29 SE 20TH AVE, POMPANO BEACH FL 33060 US

3. Date Incorporated or Qualified: **10/09/1981**
3a. Date of Last Report: **08/11/1995**
4. FEI Number: **59-2189429**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **Boynton Lakes Property Owners Assoc.**
22 **1 Westminster Lane**
23 **LANTANA, FL**
24 **33462** 25 **USA**
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
MANAGEMENT ASST, INC.
29 SE 20 AVE
POMPANO BEACH FL-33462
33060

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOLFE, JACK	
STREET ADDRESS	3 FENWICK PLACE,	
CITY-ST-ZIP	LANTANA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FENSTER, IRENE	
STREET ADDRESS	7 ROGART CIRCLE	
CITY-ST-ZIP	LANTANA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GREENSTEIN, ED	
STREET ADDRESS	26 CAMDEN LANE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PILGRIM, DON	
STREET ADDRESS	25 FAWKLAND CIRCLE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUNN, JOHN	
STREET ADDRESS	84 MAYFAIR LANE	
CITY-ST-ZIP	LANTANA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Edward Greenstein* (EDWARD GREENSTEIN) Secretary 4/14/96 407 642 2939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone # _____

CR2E037 (12/95)