

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758089 (7)**  
1. Corporation Name  
**BOYNTON LAKES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>BOYNTON LAKES PROPERTY OWNERS ASSOC 1 WESTMINSTER LN LANTANA FL 33462 US</b>	Mailing Address <b>C/O MANAGEMETN ASSIST. INC. 29 SE 20TH AVE POMPANO BEACH FL 33060-7544 US</b>
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3. Date Incorporated or Qualified <b>10/09/1981</b>	3a. Date of Last Report <b>04/19/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25	30

4. FEI Number <b>59-2189429</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MANAGEMENT ASST, INC.  
29 SE 20 AVE  
POMPANO BEACH FL 33432**

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Eleanore Luongo</b>
2.3 STREET ADDRESS	<b>37 Winchmore Lane</b>
2.4 CITY-ST-ZIP	<b>Lantana, FL 33462</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Dominic Sedita</b>
4.3 STREET ADDRESS	<b>67 Mayfair Lane</b>
4.4 CITY-ST-ZIP	<b>Lantana, FL 33462</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: **JACK WOLFE** PRES 4-11-97 501 4334051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0025215

CR2E037 (9/96)