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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 758089

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

503284-90110-46

Principal Place of Business: 2626 E COMMERCIAL BLVD STE 4 FR LAUD FL 33308 US
 Mailing Address: C/O MANAGEMETN ASSIST. INC. 29 SE 20TH AVE POMPANO BEACH FL 33060 US



| | | |
|---------------------------------------------------------------------|-----------------------------|--------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21. Suite, Apt. #, etc. | 26. 2626 E. Commercial Blvd | 10/09/1981 |
| 22. City & State | 27. Suite 4 | 4. FEI Number |
| 23. Zip | 28. Ft. Lauderdale FL | 59-2189429 |
| 24. Country | 29. 33308 | 30. Country |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |
| MANAGEMENT ASST, INC. 2626 E CIMMERCIAL BLVD STE 4 FT LAUD FL 33308 | | 81. Name |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) |
| | | 83. |
| | | 84. City |
| | | 85. Zip Code |

| | |
|--------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |

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: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|-------------------------------------------------------|------------------|
| TITLE | PD | 1.1 TITLE | |
| NAME | WOLFE, JACK | 1.2 NAME | |
| STREET ADDRESS | 3 FENWICK PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LANTANA FL 33462 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | SD |
| NAME | LUONGO, ELLEANORE | 2.2 NAME | |
| STREET ADDRESS | 37 WINCHMORE LN | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LANTANA FL 33462 | 2.4 CITY-ST-ZIP | |
| TITLE | STD | 3.1 TITLE | TD |
| NAME | GREENSTEIN, ED | 3.2 NAME | |
| STREET ADDRESS | 26 CAMDEN LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LANTANA FL 33462 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | VD |
| NAME | SEDDITA, DOMINIC | 4.2 NAME | |
| STREET ADDRESS | 67 MAYFAIR LN | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LANTANA FL 33462 | 4.4 CITY-ST-ZIP | |
| TITLE | VD | 5.1 TITLE | |
| NAME | DUNN, JOHN | 5.2 NAME | |
| STREET ADDRESS | 84 MAYFAIR LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LANTANA FL 33462 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | D |
| NAME | | 6.2 NAME | Ackley, Howard |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 2 Winchmore Lane |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Lantana, FL |

14. I 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, with all other like empowered.

SIGNATURE: ALLAN WOLFE BREANNE WOLFE 5-1-99 561 433 9051
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)