

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90027 024 \*\*\*\*61.25

**DOCUMENT # 758089**

1. Entity Name

**BOYNTON LAKES PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2626 E COMMERCIAL BLVD  
 STE 4  
 FR LAUD FL 33308  
 US

2626 E COMMERCIAL BLVD.  
 STE 4  
 FT LAUDERDALE FL 33308-4111  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2189429**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANAGEMENT ASST, INC.  
 2626 E CIMMERCIAL BLVD  
 STE 4  
 FT LAUD FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME PD WOLFE, JACK  
 STREET ADDRESS 3 FENWICK PLACE  
 CITY-ST-ZIP LANTANA FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME SD LUONGO, ELLEANORE  
 STREET ADDRESS 37 WINCHMORE LN  
 CITY-ST-ZIP LANTANA FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME TD GREENSTEIN, ED  
 STREET ADDRESS 26 CAMDEN LANE  
 CITY-ST-ZIP LANTANA FL 33462

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME VD SEDITA, DOMINIC  
 STREET ADDRESS 67 MAYFAIR LN  
 CITY-ST-ZIP LANTANA FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D HOWARD, ACKLEY  
 STREET ADDRESS 2 WINCHMORE LN  
 CITY-ST-ZIP LANTANA FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jack Wolfe*  
**JACK WOLFE**

4-25-00 561-433-9051  
 Date Daytime Phone #

CR2E037 (9/99)