

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90052 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  
 FT LAUD FL 33308  
 US

2626 E COMMERCIAL BLVD.  
 STE 4  
 FT LAUDERDALE FL 33308  
 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

Zip

Country

Zip

Country

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

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP: BOYNTON BEACH, FL 33426

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

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP: BOYNTON BEACH FL 33426

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

TITLE:  Change  Addition  
 NAME: SEDITA, DOMINICK  
 STREET ADDRESS: 67 MAYFAIR LN  
 CITY-ST-ZIP: BOYNTON BEACH FL 33426

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

TITLE:  Change  Addition  
 NAME: ACKLEY, HOWARD  
 STREET ADDRESS: 2 WINCHMORE LN  
 CITY-ST-ZIP: BOYNTON BEACH FL 33426

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME: DINARDO, ANTHONY  
 STREET ADDRESS: 5 KNIGHTS BRIDGE LN  
 CITY-ST-ZIP: BOYNTON BEACH FL 33426

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: Jack Wolfe PRES 4-5-01 561-4339051  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)