

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90048 015 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

24056136



DOCUMENT # 758089			
1. Entity Name BOYNTON LAKES PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 2626 E COMMERCIAL BLVD STE 4 FR LAUD, FL 33308 US		Mailing Address 2626 E COMMERCIAL BLVD. STE 4 FT LAUDERDALE, FL 33308 US	
2. Principal Place of Business C/O Victory Acctg Service Suite, Apt. #, etc. PO Box 24-3214		3. Mailing Address C/O Victory Acctg Service Suite, Apt. #, etc. PO Box 24-3214	
City & State Boynton Beach FL		City & State Boynton Beach FL	
Zip 33424		Zip 33424	
4. FEI Number 59-2189429		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GULFSTREAM SERVICES MANAGEMENT, INC. 400 SOUTH FEDERAL HWY., SUITE 417 BOYNTON BEACH, FL 33425		7. Name and Address of New Registered Agent Name: Vicki Feicht Street Address (P.O. Box Number is Not Acceptable): 1375 GATEWAY BLVD City: Boynton Beach FL Zip Code: 33426	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Vicki Feicht, Acct. DATE: 4/16/04			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: WOLFE, JACK STREET ADDRESS: 3 FENWICK PLACE CITY-ST-ZIP: BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LUONGO, ELEANORE STREET ADDRESS: 37 WINCHMORE LN CITY-ST-ZIP: BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MD NAME: HOWARD, ACKLEY STREET ADDRESS: 2 WINCHMORE LN CITY-ST-ZIP: BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE: Pres. NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: DINARDO, ANTHONY STREET ADDRESS: 5 KNIGHTSBRIDGE LANE CITY-ST-ZIP: BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete	TITLE: NAME: Rich moreck STREET ADDRESS: 3 Boswell Place CITY-ST-ZIP: Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: DINARDO, DONNA STREET ADDRESS: 5 KNIGHTS BRIDGE LANE CITY-ST-ZIP: BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete	TITLE: NAME: Inela Bernstein STREET ADDRESS: 75 Mayfair Lane CITY-ST-ZIP: Boynton Beach, FL 33426	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: Craig Lerner STREET ADDRESS: 15 Mayfair Lane CITY-ST-ZIP: Boynton Beach, FL 33426	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date: 4/12/04 Phone: 561-733-5550	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day's Phone #	