


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90157 017 ****61.25

DOCUMENT # 758089					
1. Entity Name BOYNTON LAKES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O VICTORY ACCT SERVICES P.O. BOX 24-3214 BOYNTON BEACH, FL 33424-3214 US			Mailing Address C/O VICTORY ACCT SERVICES P.O. BOX 24-3214 BOYNTON BEACH, FL 33424-3214 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FEICHT, VICKI 1375 GATEWAY BLVD BOYNTON BEACH, FL 33426				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	<input type="checkbox"/> Delete		TITLE	LUONGO, ELEANORE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUONGO, ELEANORE			NAME	LUONGO, ELEANORE
STREET ADDRESS	37 WINCHMORE LN			STREET ADDRESS	←
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP	←
TITLE	P	<input type="checkbox"/> Delete		TITLE	← <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, ACKLEY			NAME	←
STREET ADDRESS	2 WINCHMORE LN			STREET ADDRESS	←
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP	←
TITLE	D	<input type="checkbox"/> Delete		TITLE	MONECK, RICH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONECK, RICH			NAME	MONECK, RICH
STREET ADDRESS	3 BOSWICH PLACE			STREET ADDRESS	←
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP	←
TITLE	VP	<input type="checkbox"/> Delete		TITLE	BERNSTEIN, SHEILA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, SHEILA			NAME	BERNSTEIN, SHEILA
STREET ADDRESS	75 MAYFAIR LANE			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNER, CRIAG			NAME	
STREET ADDRESS	15 MAYFAIR LANE			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP	
TITLE	Stafford, Heather	<input type="checkbox"/> Delete		TITLE	STAFFORD, HEATHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6 Winchmore Lane			NAME	STAFFORD, HEATHER
STREET ADDRESS	BOYNTON BEACH, FL 33426			STREET ADDRESS	6 Winchmore Ln.
CITY-ST-ZIP				CITY-ST-ZIP	BOYNTON BEACH, FL 33426
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: <u>Howard Ackley</u>		Date: <u>4/11/05</u>		Daytime Phone #: <u>561 964 2481</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					