


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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|---|---|---|--|
| 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. | |
| City & State | | City & State | |
| Zip | | Country | |
| 4. FEI Number 59-2189429 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FEICHT, VICKI 1375 GATEWAY BLVD BOYNTON BEACH, FL 33426 | | 7. Name and Address of New Registered Agent | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | D LUONGO, ELEANORE 37 WINCHMORE LN BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LUONGO, ELEANORE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ← |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HOWARD, ACKLEY 2 WINCHMORE LN BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ← <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MONECK, RICH 3 BOSWICH PLACE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MONECK, RICH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ← |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BERNSTEIN, SHEILA 75 MAYFAIR LANE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BERNSTEIN, SHEILA <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LENNER, CRIAG 15 MAYFAIR LANE 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 NAME STREET ADDRESS CITY-ST-ZIP | STAFFORD, HEATHER 6 Winchmore Lane BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STAFFORD, HEATHER 6 Winchmore Ln. BOYNTON BEACH, FL 33426 <input type="checkbox"/> Change <input checked="" 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: <u>Howard Ackley</u> | | Date: <u>4/11/05</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # <u>561 964 2481</u> | |