

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90073 008 ****61.25

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2189429** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MANAGEMENT ASST, INC.
2626 E CIMMERCIAL BLVD
STE 4
FT LAUD FL 33308**

7. Name and Address of New Registered Agent
Name **Cultivium Services Management, Inc.**
Street Address (P.O. Box Number is Not Acceptable) **400 South Federal Hwy. Suite 417**
Boynton Beach
City **FL** Zip Code **33425**

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 *[Signature]* *[Signature]* **4/16/03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	WOLFE, JACK
STREET ADDRESS	3 FENWICK PLACE
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	<input type="checkbox"/> Delete
NAME	LUONGO, ELLEANORE
STREET ADDRESS	37 WINCHMORE LN
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	<input type="checkbox"/> Delete
NAME	HOWARD, ACKLEY
STREET ADDRESS	2 WINCHMORE LN
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	<input type="checkbox"/> Delete
NAME	DINARDO, ANTHONY
STREET ADDRESS	5 KNIGHTSBRIDGE LANE
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	<input type="checkbox"/> Delete
NAME	DINARDO, DONNA
STREET ADDRESS	5 KNIGHTS BRIDGE LANE
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.

SIGNATURE: *[Signature]* **4/28/03** **561 967-6166**

CR2E037 (10/02)