

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **758090** (5)
1. Corporation Name
BOYNTON LAKES HOMEOWNERS ASSOCIATION NO. 1, INC.

Principal Place of Business Mailing Address
6289 W. SUNRISE BLVD., STE. #202 **6289 W. SUNRISE BLVD., STE. #202**
SUNRISE FL 33313 **SUNRISE FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/09/1981** 3a. Date of Last Report **04/20/1994**
4. FEI Number **59-2189426** Applied For: Not Applicable:
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
SUMMIT PROPERTY MANAGEMENT INC.
6289 W. SUNRISE BLVD
SUITE 202
SUNRISE FL 33313

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	NITTI, LENNARD
STREET ADDRESS	39 MAYFAIR LANE
CITY-ST-ZIP	LANTANA FL
TITLE	D
NAME	CIRRUTO, GEORGE
STREET ADDRESS	19 KNIGHTSBRIDGE LANE
CITY-ST-ZIP	LANTANA FL
TITLE	TD
NAME	SERRENTINO, JOHN
STREET ADDRESS	26 CHELSEA LANE
CITY-ST-ZIP	LANTANA FL
TITLE	PD
NAME	ORLANDO, ROBERT
STREET ADDRESS	9 MAYFAIR LANE
CITY-ST-ZIP	LANTANA FL
TITLE	VD
NAME	BERTONE, FRANK
STREET ADDRESS	12 KENSINGTON LANE
CITY-ST-ZIP	LANTANA FL
TITLE	D
NAME	MULZOFF, JOANNE
STREET ADDRESS	22 KNIGHTSBRIDGE LANE
CITY-ST-ZIP	LANTANA FL 33402

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if included, or certain attachments with an address.

SIGNATURE: *Robert P. Orlando* _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #