

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 SUNRISE FL 33313  
6289 W. SUNRISE BLVD., STE. #202 SUNRISE FL 33313-6154

3. Date Incorporated or Qualified 10/09/1981  
3a. Date of Last Report 04/30/1996

2. Principal Place of Business 21 40 Summit Suite, Apt. #, etc. 22 P.O. Box 189013 City & State 23 Plantation FL Zip 24 33318	2a. Mailing Address 26 40 Summit Suite, Apt. #, etc. 27 P.O. Box 189013 City & State 28 Plantation FL Zip 29 33318	Country 25 USA 30 USA	4. FEI Number 59-2189426 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent SUMMIT PROPERTY MANAGEMENT INC. <del>6289 W. SUNRISE BLVD</del> <del>SUITE 202</del> <del>SUNRISE FL 33313</del>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4450 W. Sunrise Blvd. 83 Suite C-100 84 City Plantation FL 85 Zip Code 33313
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
SIGNATURE: *Gail H. Sangunett* Gail H. Sangunett, V.P. - Administration 2/7/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NITTI, LENNARD	1.2 NAME	
STREET ADDRESS	39 MAYFAIR LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRENTINO, JOHN	2.2 NAME	
STREET ADDRESS	26 CHELSEA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLANDO, ROBERT	3.2 NAME	
STREET ADDRESS	9 MAYFAIR LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTONE, FRANK	4.2 NAME	
STREET ADDRESS	12 KENSINGTON LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D Still, William
STREET ADDRESS		5.3 STREET ADDRESS	40 Kensington Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lantana FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Still* 2-10-97 (954) 792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034805

CR2E037 (9/96)