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**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90188 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT, <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758090**

1. Corporation Name  
**BOYNTON LAKES HOMEOWNERS ASSOCIATION NO. 1, INC.**

Principal Place of Business C/O CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318 US	Mailing Address C/O CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318 US
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\* 4 8 4 1 5 \*  
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2. Principal Place of Business <b>21 %o Management Assist</b>	2a. Mailing Address <b>26 %o Management Assist Inc.</b>	3. Date Incorporated or Qualified <b>10/09/1981</b>
Suite, Apt. #, etc. <b>22 2626 E. Commercial Blvd # 4</b>	Suite, Apt. #, etc. <b>27 2626 E. Commercial Blvd # 4</b>	4. FEI Number <b>59-2189426</b>
City & State <b>23 Ft. Lauderdale FL</b>	City & State <b>28 Ft. Lauderdale FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>24 33308</b>	Country <b>25 USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>29 33308</b>	Country <b>30 USA</b>	

9. Name and Address of Current Registered Agent

**CASTLE PROPERTY SERVICES GROUP INC**  
**4450 W SUNRISE BLVD.**  
**SUITE C-100**  
**PLANTATION FL 33313**

10. Name and Address of New Registered Agent

**81 Name Management Assist, Inc.**  
**82 Street Address (P.O. Box Number is Not Acceptable) 2626 E. Commercial Blvd. # 4**  
**83**  
**84 City Ft. Lauderdale FL 85 Zip Code 33308**

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 Thomas J. Decker for Management Assist, Inc. 4/29/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	NITTI, LENNARD	
STREET ADDRESS	39 MAYFAIR LANE	
CITY-ST-ZIP	LANTANA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SERRENTINO, JOHN	
STREET ADDRESS	26 CHELSEA LANE	
CITY-ST-ZIP	LANTANA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ORLANDO, ROBERT	
STREET ADDRESS	9 MAYFAIR LANE	
CITY-ST-ZIP	LANTANA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERTONE, FRANK	
STREET ADDRESS	12 KENSINGTON LANE	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STILL, WILLIAM	
STREET ADDRESS	40 KENSINGTON LANE	
CITY-ST-ZIP	LANTANA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>D Greenstein, Edward</b>
6.3 STREET ADDRESS	<b>26 Camden Lane</b>
6.4 CITY-ST-ZIP	<b>Lantana FL 33462</b>

14. 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 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 with all other like empowered.

SIGNATURE: Robert J. Orlando **4-29-99** (965-8449)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)