


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90319 004 \*\*\*\*61.25

**DOCUMENT # 758090**

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



Principal Place of Business <b>C/O MANAGEMENT ASSIST          2626 E. COMMERCIAL BLVD. # 4          FT. LAUDERDALE FL 33308          US</b>	Mailing Address <b>C/O MANAGEMENT ASSIST          2626 E. COMMERCIAL BLVD. # 4          FT. LAUDERDALE FL 33308          US</b>
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14000437



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>59-2189426</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**MANAGEMENT ASSIST, INC.  
 2626 E. COMMERCIAL BLVD. # 4  
 FT. ALUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2005**

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: SD NAME: BISCHOFFBERGER, PAUL STREET ADDRESS: 28 KENSINGTON LANE CITY-ST-ZIP: BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE: DT NAME: SERRENTINO, JOHN STREET ADDRESS: 26 CHELSEA LANE CITY-ST-ZIP: BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: ORLANDO, ROBERT STREET ADDRESS: 9 MAYFAIR LANE CITY-ST-ZIP: BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE: VD NAME: BERTONE, FRANK STREET ADDRESS: 12 KENSINGTON LANE CITY-ST-ZIP: BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE: D NAME: GOLD, SANDY STREET ADDRESS: 33 MAYFAIR LANE CITY-ST-ZIP: BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DST NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LEGALLOU, FABIENNE STREET ADDRESS: 36 CAMDEN LANE CITY-ST-ZIP: BOYNTON BEACH FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input 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: Robert P. Orlando 4-22-05 965-8449  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #