



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90054 042 ****61.25

DOCUMENT # 758090					
1. Entity Name BOYNTON LAKES HOMEOWNERS ASSOCIATION NO. 1, INC.					
Principal Place of Business C/O MANAGEMENT ASSIST 2626 E. COMMERCIAL BLVD. # 4 FT. LAUDERDALE, FL 33308 US		Mailing Address C/O MANAGEMENT ASSIST 2626 E. COMMERCIAL BLVD. # 4 FT. LAUDERDALE, FL 33308 US			
2. Principal Place of Business C/O Adept Management, Inc. Suite, Apt. #, etc. PO Box 934661		3. Mailing Address C/O Adept Management, Inc. Suite, Apt. #, etc. PO Box 934661			
City & State Margate FL		City & State Margate FL			
Zip 33093	Country USA	Zip 33093	Country USA	01212006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2189426				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 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 Adept Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 504 West Palm Aire Drive City Pompano Beach FL Zip Code 33069		
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: <u>Adept Management, Inc. Adept Management, Inc. 1/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BISCHOFFBERGER, PAUL 28 KENSINGTON LANE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Paul Bischoffberger 28 Kensington Lane Boynton Beach FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRENTINO, JOHN 36 CAMDEN LANE BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORLANDO, ROBERT 9 MAYFAIR LANE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERTONE, FRANK 12 KENSINGTON LANE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Bertone 12 Kensington Lane Boynton Beach FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, SANDY 33 MAYFAIR LANE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	US Sandy Gold 33 Mayfair Lane Boynton Beach FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID Fabienne LeGallou 36 Camden Lane Boynton Beach FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Paul Bischoffberger PAUL BISCHOFFBERGER 1/26/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					