

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-11-2008 90046 016 ****61.25

DOCUMENT # 758090
 1. Entity Name
BOYNTON LAKES HOMEOWNERS ASSOCIATION NO. 1, INC.



Principal Place of Business C/O ADEPT MANAGEMENT, INC P.O. BOX 934661 MARGATE, FL 33093 US	Mailing Address C/O ADEPT MANAGEMENT, INC P.O. BOX 934661 MARGATE, FL 33093 US
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65002373



01222008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2189426	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ADEPT MANAGEMENT, INC
 504 WEST PALM HIRE DR
 POMPANO BEACH, FL 33069**

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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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BISCHOFFBERGER, PAUL 28 KENSINGTON LANE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, DEBRA 504 W. PALM AIRE DR POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORLANDO, ROBERT 9 MAYFAIR LANE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLD, SANDY 33 MAYFAIR LANE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEGALLON, FABIENNE 36 CAMDEN LANE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Debra Roberts* Debra Roberts 3-7-08 954-2100-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1957