2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758090

FILED Jan 16, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: C/O ADEPT MANAGEMENT, INC C/O ADEPT MANAGEMENT, INC P.O. BOX 934661 504 W PALM AIRE DR MARGATE, FL 33093 POMPANO BEACH, FL 33069 **Current Mailing Address: New Mailing Address:** C/O ADEPT MANAGEMENT, INC P.O. BOX 934661 MARGATE, FL 33093 US FEI Number: 59-2189426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADEPT MANAGEMENT, INC ADEPT MANAGEMENT, INC 504 WEST PALM HIRE DR 504 WEST PALM AIRE DRIVE POMPANO BEACH, FL 33069 US US POMPANO BEACH, FL 33069 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. SIGNATURE: ADEPT MANAGEMENT INC 01/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BISCHOFFBERGER, PAUL Name: Name: 28 KENSINGTON LANE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: () Delete Title: () Change () Addition ROBERTS, DEBRA Name: Name: Address: 504 W. PALM AIRE DR Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition ORLANDO, ROBERT, ORLANDO, ROBERT Name: Name: 9 MAYFAIR LANE Address: Address: 9 MAYFAIR LANE City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: BOYNTON BEACH, FL 33426 () Delete Title: VD Title: () Change () Addition Name: GOLD, SANDY Name: Address: 33 MAYFAIR LANE Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: () Delete Title: (X) Change () Addition LEGALLON, FABIENNE LEGALLOU, FABIENNE Name: Name: 36 CAMDEN LANE 36 CAMDEN LANE Address: Address: BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA A ROBERTS D 01/16/2009