

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771237 (5)
1. Corporation Name
BOYNTON LAKES HOMEOWNERS ASSOCIATION NO.2, INC.



Principal Place of Business: 220 CONGRESS PARK DRIVE SUITE 130 DELRAY BCH FL 33445
Mailing Address: 220 CONGRESS PARK DRIVE SUITE 130 DELRAY BCH FL 33445

3. Date Incorporated or Qualified: 11/14/1983
3a. Date of Last Report: 04/03/1995
4. FEI Number: 59-2426604
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**ST. JOHN & KING
500 AUSTRALIAN AVE. SOUTH, SUITE 800
W. PALM BCH. FL 33401**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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

Signature, typed or printed name of registered agent if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WOLFE, JACK	
STREET ADDRESS	3 FENWICK PLACE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LOCKE, HEDDA	
STREET ADDRESS	3 HAMMOND PLACE	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLOOD, CHARLES	
STREET ADDRESS	3 AFTON PLACE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPAGNOLI, FRANCINE	
STREET ADDRESS	2 AFTON PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CESARETTI, FRED	
1.3 STREET ADDRESS	6 GRANGE PLACE	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FLOOD, CHARLES	
3.3 STREET ADDRESS	3 AFTON PLACE	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *John Jack Wolfe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96
Date Daytime Phone #

CR2E037 (12/95)