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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 320 CONGRESS PARK DRIVE SUITE 130 DELRAY BCH FL 33445-4605

MANAGEMENT ASSIST INC.
2. Principal Place of Business: 21 29 S.E. 20th AVE POMPANO BEACH FLA.
2a. Mailing Address: SAME
23. City & State: POMPANO BEACH FLA.
24. Zip: 33060

3. Date Incorporated or Qualified: 11/14/1983
3a. Date of Last Report: 04/16/1996
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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, JACK	1.2 NAME	
STREET ADDRESS	3 FENWICK PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH FL	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	Secretary - Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, HEDDA	2.2 NAME	Hedda Locke
STREET ADDRESS	3 HAMMOND PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH. FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOOD, CHARLES	3.2 NAME	
STREET ADDRESS	3 AFTON PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESARETTI, FRED	4.2 NAME	Fred Cesaretti
STREET ADDRESS	6 GRANGE PL	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Frances Spagnoli
STREET ADDRESS		5.3 STREET ADDRESS	2 Afton Place
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Lantana, FL 33462
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 in changed or on an attachment with an address.

SIGNATURE: Jack Wolfe REQUIRED 4-7-97 5614339051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043185

CR2E037 (9/96)