FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

1998 **POCUMENT #**- Corporation Name

(5)

BOYNTON LAKES HOMEOWNERS ASSOCIATION NO.2, INC.

Principal Place of Business Mailing Address

MANAGEMENT ASSIST INC

29 SE 20TH AVE

FILED May 05 1998 8:00am Secretary of State



3. Date Incorporated or Qualified

29 SE 20TH AVE POMPANO BCH FL 33060 US		SUITE 130 POMPANO BCH FL 33080 US			11/14/1983								
					4. FEI Number	Applied For							
					59-2426604	Not Applicable							
2. Principal Place of Business 2a. Mailing Address				alat Dise	•	\$8.75 Additional							
21 2626 E. Commercial Blvd 20 2626 E. Com				Ciai Dix	5. Commodite of classes beginden	Fee Required							
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00 May Be							
City & State		27 SUITE 9		·	Trust Fund Contribution	Added to Fees							
23 Ft. LQ	auderdale, FL 20 Ff. Lauderd			7. Is this nonprofit corporation a homeowners association? Yes No									
24 333 24 333	OS Country S	2 3350B	Count 30	ั นร	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes							
27 000	9. Name and Address of Current		301			10. Name and Address of New Registered Agent							
			8	81 Name									
ST. JOHN & KING 500 AUSTRALIAN AVE. SOUTH, SUITE 800 W. PALM BCH. FL 33401				82 Street Address (P.O. Box Number is Not Acceptable)									
										-	d City		an I Zin Codo
										۰	4 City	FL	85 Zip Code
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													
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 and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE													
12.	OFFICERS AND		13.	agent arginature requi	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12							
TITLE	P	DELETE	1.1 TITLE			Change Addition							
NAME	WOLFE, JACK	-	1.2 NAM		_								
STREET ADDRESS	3 FENWICK PLACE			ET ADDRESS									
CITY-ST-ZIP	BOYNTON BCH FL			-ST-ZIP									
TITLE	ST	DELETE	2.1 TITLE			Change Addition							
NAME	HEDDA, LOCKE		2.2 NAM	€									
STREET ADDRESS	3 HAMMOND PLACE		2.3 STRE	ET ADDRESS									
CITY-ST-ZIP	BOYNTON BCH. FL		2. 4 CITY	r-ST-ZIP									
TITLE	V	☐ DELETE	3.1 TITLE			Change							
NAME	FLOOD, CHARLES		3.2 NAM	É									
STREET ADDRESS	3 AFTON PLACE		3.3 STRE	ET ADDRESS									
CITY-ST-ZIP	BOYNTON BCH FL		3.4. CITY	r-ST-ZIP									
TITLE	D	☐ DELETE	4.1 TITLE			Change							
NAME	CESARETTI, FRED		4. 2 NAM	AE									
STREET ADDRESS	6 GRANGE PL		4.3 STRE	ET ADDRESS									
CrTY - ST - ZIP	BOYNTON BEACH FL		4.4 CITY	-ST-ZIP									
TITLE	D	☐ DELETE	5.1 TITLE		[_	Change							
NAME	SPAGNILI, FRANCES		5.2 NAM	E									
STREET ADDRESS	2 AFTON PL		5.3 STRE	ET ADDRESS									
CITY-ST-ZIP	LANTAN FL		5.4 CITY		· · · · · · · · · · · · · · · · · · ·								
TITLE		☐ DELETE	6.1 TITLE		L	☐ Change ☐ Addition							
NAME			6.2 NAM	l l									
STREET ADDRESS			6.3 STRE	ET ADDRESS									
CITY-ST-ZIP		and the first of the second of	6.4 CITY		. O	£, sh as sh a tat							
• • • I nereby c	PERMIT WAS THE INFORMATION BUDDING WILL	n this thing does not qualify to	r the exem	idion stated in	Section 119.07(3)(i), Florida Statutes. I further certi	TY THAT THE INTOFMATION							

Interest certain that the information supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. I furrier certain indicated on this annual report or supplied with 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 attractment with an address.

GNATURE:

954-772-7012

SIGNATURE: