

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90102 037 \*\*\*\*61.25

0045646

**DOCUMENT # 771237**

1. Entity Name

**BOYNTON LAKES HOMEOWNERS ASSOCIATION NO.2, INC.**

Principal Place of Business

Mailing Address

2626 E COMMERCIAL BLVD  
 SUITE 4  
 FT LAUDERDALE FL 33308  
 US

2626 E COMMERCIAL BLVD  
 SUITE 4  
 FT LAUDERDALE FL 33308  
 US

00034613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2426604

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. JOHN & KING  
 500 AUSTRALIAN AVE. SOUTH, SUITE 800  
 W. PALM BCH. FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
 SPD WOLFE, JACK  
 STREET ADDRESS 3 FENWICK PLACE  
 CITY-ST-ZIP BOYNTON BCH FL 33426

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 V FLOOD, CHARLES  
 STREET ADDRESS 3 AFTON PLACE  
 CITY-ST-ZIP BOYNTON BCH FL 33426

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 D CESARETTI, FRED  
 STREET ADDRESS 6 GRANGE PL  
 CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 D SPAGNILI, FRANCES  
 STREET ADDRESS 2 AFTON PL  
 CITY-ST-ZIP LANTAN FL

TITLE NAME  Change  Addition  
 D SPAGNOLI, FRANCES  
 STREET ADDRESS 2 AFTON PLACE  
 CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 D HODGES, STEPHEN  
 STREET ADDRESS 10 FENWICK PLACE  
 CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 D EISENBERG, STEPHEN  
 STREET ADDRESS 12 AFTON PLACE  
 CITY-ST-ZIP BOYNTON BEACH FL 33426

12. I 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 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: *SIG Jack Wolfe Pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK WOLFE

4-8-01 561 433 9051  
 Date Daytime Phone #

CR2E037 (10/00)