

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90473 020 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

94065631



<b>DOCUMENT # 771237</b>			
1. Entity Name <b>BOYNTON LAKES HOMEOWNERS ASSOCIATION NO.2, INC.</b>			
Principal Place of Business <b>5507 PEBBLE BROOK LANE BOYNTON BEACH, FL 33437 US</b>		Mailing Address <b>5507 PEBBLE BROOK LANE SUITE 4 BOYNTON BEACH, FL 33437 US</b>	
<i>c/o VICTORY Archg. Service</i> 2. Principal Place of Business <b>1375 Gateway Blvd</b>		3. Mailing Address <b>P.O. Box 24-3214</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Boynton Beach, FL</b>		City & State <b>Boynton Beach, FL</b>	
Zip <b>33426</b>		Zip <b>33424-3214</b>	
Country		Country	
4. FEI Number <b>59-2426604</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FEICHT, VICKI 5507 PEBBLE BROOK LANE BOYNTON BEACH, FL 33437</b>		7. Name and Address of New Registered Agent Name: <b>Vicki Feicht</b> Street Address (P.O. Box Number is Not Acceptable): <b>1375 GATEWAY BLVD</b> City: <b>BOYNTON BEACH FL</b> Zip Code: <b>33426</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____			
<b>Filing Fee is \$81.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SPD WOLFE, JACK 3 FENWICK PLACE BOYNTON BEACH, FL 33426</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT DINARDO, TONY 1 CAMBRIDGE PLACE BOYNTON BEACH, FL 33426</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HARRIS, JANET 7 EATON PLACE BOYNTON BEACH, FL 33426</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ERDMANN, KEN 1 EATON PLACE BOYNTON BEACH, FL 33426</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOCKE, HEDDA 3 HAMMOND PLACE BOYNTON BEACH, FL 33426</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MONECK, RICHARD 4 BOSWELL PLACE BOYNTON BEACH, FL 33426</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MONECK RICHARD 4 BOSWELL PLACE BOYNTON BEACH, FL 33426</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Kenneth H. Erdman</i> <b>Treasurer</b>		Date: <b>4/22/04</b> Day/1-8 Phone: <b>434-0431</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			