

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 AM 10: 09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09781 (8)
 1. Corporation Name
**BOYNTON LAKES HOMEOWNERS ASSOCIATION
 NO. 3, INC**

Principal Place of Business 2328 So. Congress Ave SUITE 2A WEST PALM BCH, FL	Mailing Address c/o CUSTOM PROPERTY MGT 2328 S. Congress Ave Suite 2 A WEST PALM BCH, FL 33406
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 6/17/1985	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 25	4. FEI Number 592669689	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc 22	Suite, Apt #, etc 27	5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

6. This corporation has liability for intangible tax under § 195.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUSTOM PROPERTY MGT 2328 S Congress Ave Suite 2A WEST PALM BCH, FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Crager Shurger* **CRAGER SHURGER, AGENT** **4/28/95**
Signature, typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CARON, TERRI 34 FARNWORTH DR LANTANA, FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD MCCARTER, ROY 39 WINCHMORE LN LANTANA, FL	7. TITLE 8. NAME 9. STREET ADDRESS 10. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STD FENSTER, IRENE 7 ROGART CIR LANTANA, FL	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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 607, Florida Statutes, and that my name appears in block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mari Terri Caron* **TERRI CARON** **4/28/95** **(407) 439-1433**
SIGNATURE AND TYPED OR PRINTED NAME OF BOYDING OFFICER OR DIRECTOR DATE DATE