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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N09781

(8)

BOYNTON LAKES HOMEOWNERS ASSOCIATION NO. 3. INC.

Principal Place of Business 2328 S. CONGRESS AVE. STE. 2A WEST PALM BEACH FL 33406		Mailing Address 2328 S. CONGRESS AVE. STE. 2A WEST PALM BEACH FL 33406			
				3. Date Incorporated or Qualified	3a. Dale of Last Report
Principal F	Place of Business	20 Mallac A L		06/17/1985	05/01/1995
		2a. Mailing Address 26		4. FEI Number	Applied
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		59-2669689	Not App
City & Stat	to to	27		5. Certificate of Status Desired	\$8.75 Addition
City & Sta	ie.	City & State		6. Election Campaign Financing	\$5.00 March
Zip	Country	28	Country	Trust Fund Contribution	Added to Fee
	25	29	30	This corporation has liability for int Florida Statutes	angible tax under s. 199,032
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Reg	Yes No
			81 Name		giotei eu Agein
	M PROPERTY MANAGEMENT	•	82 Street Ad	ldress (P.O. Box Number is Not Acceptable)	
	. CONGRESS AVE.		L_L		
STE 2A			83		
WEST	PALM BEACH FL 33340-6		84 City		
Pursuant	to the provisions of Carting Orling				FL 85 Zip Code
or register	red agent, or both, in the State of F	iouz and 617,1508, Florida Statu Florida. Such change was author	ites, the above-named corpi	oration submits this statement for the purpo pard of directors. I hereby accept the appoin	se of changing its registered
iamilar wi	ith, and accept the obligations of, s	Section 617,0503. Florida Statute	-carbonation a big	wild of directors. Thereby accept the appoint	truent as registered agent. L.
		Grandia	es.	, .,	galana agam. ,
VATURE					or of the same of
VATURE	Signature typed or printed name of registered a	Report and title if applicable (N	VOTE: Brigistered Agant signature regul	irad when ronstating)	DAIL
VATURE	Signature typed or printed name of registered a OFFICERS	Report and title if accessable in AND DIRECTORS	OTE: Brigistered Agrant signatura recipil	ired when reinstating) ADDITIONS/CHANGES TO OF FICE	DAIL
VATURE	Signature typed or printed name of registered in OFFICERS	Report and title if applicable (N	13. 11 Title piece po	red when renstating. ADDITIONS/CHANGES TO OFFICE ROBERT WELSS	DATE PS AND DIRECTORS IN 12 Change
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OH ----

Marie Jaron Dogwie Prone