

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09781 (8)**

1. Corporation Name
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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1985	3a. Date of Last Report 05/01/1995
21	26		4. FEI Number 59-2669689		Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	Country	29. Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CUSTOM PROPERTY MANAGEMENT 2328 S. CONGRESS AVE. STE 2A WEST PALM BEACH FL 33340-6				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	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 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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<i>director ROBERT WEISS</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARON, TERRI	1.2 NAME	
STREET ADDRESS	34 FARNWORTH DR.	1.3 STREET ADDRESS	<i>15 FAWKLAND CIR</i>
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	<i>LANTANA, FL</i> (D)
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTER, ROY	2.2 NAME	
STREET ADDRESS	39 WINCHMORE LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENSTER, IRENE	3.2 NAME	
STREET ADDRESS	7 ROGART CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, VINCENT P.	4.2 NAME	
STREET ADDRESS	22 WALCOTT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDITA, DOMINICK	5.2 NAME	
STREET ADDRESS	64 MAYFAIR LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, GEORGE	6.2 NAME	
STREET ADDRESS	26 WINCHMORE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	6.4 CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marie Caron*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)