

FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33406-7691

3. Date Incorporated or Qualified: 06/17/1985  
3a. Date of Last Report: 03/05/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2669689	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes 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	Suite, Apt. #, etc.		
				84	City	85	Zip Code
					NATALIE C. CHIN-LENN 2300 PALM BEACH LAKES BLVD SUITE 308 WEST PALM BEACH FL 33409		

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: Natalie C. Chin-Lenn, ESQUIRE DATE: 5/5/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARON, TERRI			1.2 NAME			
STREET ADDRESS	34 FARNWORTH DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	LANTANA FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WEISS, ROBERT			2.2 NAME	T.S. DAN VACCO		
STREET ADDRESS	15 FAWKLAND CIRCLE			2.3 STREET ADDRESS	4 Winchmore Ln.		
CITY-ST-ZIP	LANTANA FL			2.4 CITY-ST-ZIP	LANTANA, FL 33462		
TITLE	<del>PO</del>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FENSTER, IRENE			3.2 NAME	P.D. FENSTER, IRENE		
STREET ADDRESS	7 ROGART CIR			3.3 STREET ADDRESS	7 ROGART CIR		
CITY-ST-ZIP	LANTANA FL			3.4 CITY-ST-ZIP	LANTANA FL 33462		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURNS, VINCENT P.			4.2 NAME	V.P.D. BURNS VINCENT P.		
STREET ADDRESS	22 WALCOTT DR			4.3 STREET ADDRESS	22 WALCOTT DR		
CITY-ST-ZIP	LANTANA FL			4.4 CITY-ST-ZIP	LANTANA FL 33462		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	D. JOAO BARRITTA		
STREET ADDRESS				5.3 STREET ADDRESS	28 FARNSWORTH DR		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	LANTANA, FL 33462		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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.

MARIE CARON 1/27/97

CR2E037 (9/96)