

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09781

1. Entity Name

BOYNTON LAKES HOMEOWNERS ASSOCIATION NO. 3, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90013 026 ****61.25

Principal Place of Business C/O GULFSTREAM SERVICES MANAGEMENT P.O. BOX 4225 BOYNTON BEACH FL 33424	Mailing Address C/O GULFSTREAM SERVICES MANAGEMENT P.O. BOX 4225 BOYNTON BEACH FL 33424-4225
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2669689** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIN-LENN, NATALIE C
 2300 PALM BEACH LAKES BLVD.
 STE. 308
 WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name -
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VACCO, DAN	
STREET ADDRESS	4 WINEHMORE LA	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CAROW, TERRY	
STREET ADDRESS	34 FARNWORTH DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEISS, ROBERT	
STREET ADDRESS	15 FAWLKLAND CIRC	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, VINCIANT	
STREET ADDRESS	22 WALCOTT DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, SHEILA	
STREET ADDRESS	75 MAYFAIR LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VACCO DANIEL	
STREET ADDRESS	4 WINEHMORE LA	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENSTER IRENE	
STREET ADDRESS	7 ROBERT CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN SHEILA	
STREET ADDRESS	75 MAYFAIR LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN SHEILA	
STREET ADDRESS	75 MAYFAIR LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS ROBERT	
STREET ADDRESS	15 FAWLKLAND CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, VINCIANT	
STREET ADDRESS	22 WALCOTT DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

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.

SIGNATURE: Daniel Vacco DANIEL VACCO 1/31/00 561-964-2265
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)