

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0051303

DOCUMENT # N09781

1. Entity Name

BOYNTON LAKES HOMEOWNERS ASSOCIATION NO. 3, INC.

03-12-2001 90019 034 ****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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2669689	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Not Applicable	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VACCO, DAN 4 WINEHMORE LA BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAN vacco 4 WINEHMORE LA Boynton Beach FL 33426 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CAROW, TERRY 34 FARNWORTH DR BOYNTON BEACH FL 33426 <input checked="" type="checkbox"/> Delete <i>Dead</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Irene Feuster 7 Rogert Circle Boynton Beach FL 33426 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, ROBERT 15 FAWLKLAND CIRC BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.S. Sheila Bernstein 75 May Fair Lane Boynton Beach FL 33426 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, VINCIENT 22 WALCOTT DRIVE BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNS VINCIENT 32 Walcott Drive Boynton Beach, FL 33426 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BERNSTEIN, SHEILA 75 MAYFAIR LANE BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Weiss 15 FAWLKLAND CIRC Boynton Beach, FL 33426 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FENSTON, IRENE 7 ROGERT CIRCLE BOYNTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dan Vacco* **DAN VACCO** *March 7 01 561-964-2265*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)