

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90039 006 \*\*\*\*61.25

**DOCUMENT # N09781**  
 1. Entity Name  
**BOYNTON LAKES HOMEOWNERS ASSOCIATION NO. 3, INC.**



Principal Place of Business Mailing Address  
 C/O GULFSTREAM SERVICES MANAGEMENT C/O GULFSTREAM SERVICES MANAGEMENT  
 P.O. BOX 4225 P.O. BOX 4225  
 BOYNTON BEACH FL 33424 BOYNTON BEACH FL 33424



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VACCO, DAN</b> <b>4 WINEHMORE LA</b> <b>BOYNTON BEACH FL 33426</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEISS, ROBERT</b> <b>15 FAWLKLAND CIRC</b> <b>BOYNTON BEACH FL 33426</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURNŠ, VINCIENT</b> <b>22 WALCOTT DRIVE</b> <b>BOYNTON BEACH FL 33426</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>BERNSTEIN, SHEILA</b> <b>75 MAYFAIR LANE</b> <b>BOYNTON BEACH FL 33426</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FENSTER, JACK</b> <b>7 ROBERT CIRCLE</b> <b>BOYNTON BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALLAN GELBMAN</b> <b>16 FLINT WAY</b> <b>BOYNTON BEACH, FL 33426</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 119, 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: David C. Vacco 2/28/06 561-733-5330