
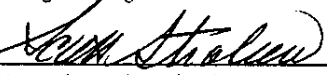



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

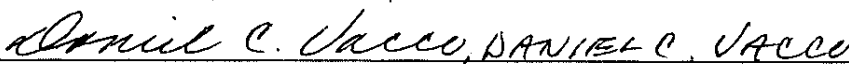
<b>DOCUMENT # N09781</b>					
1. Entity Name <b>BOYNTON LAKES HOMEOWNERS ASSOCIATION NO. 3, INC.</b>					
Principal Place of Business <b>1375 GATEWAY BLVD BOYNTON BEACH FL 33426</b>			Mailing Address <b>C/O GULFSTREAM SERVICES MANAGEMENT, I P.O. BOX 24-4225 BOYNTON BEACH FL 33424-4225</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2669689</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STRALEAU, SCOTT 1375 GATEWAY BLVD BOYNTON BEACH FL 33426</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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  					
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FENSTER, JACK 7 ROBERT CIRCLE BOYNTON BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELBMAN, ALLAN 16 FLINT WAY BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SQUECANTE, AL 72 MAYFAIR LANE BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E037 (10/07)

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03/28/08-20019-017 61.25

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:  **DANIEL C. VACCO** 561-733-9950