

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90079 005 ****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

J0004901



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	VACCO, DAN	
STREET ADDRESS	4 WINEHMORE LA	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<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	TS	<input type="checkbox"/> Delete
NAME	BERNSTEIN, SHEILA	
STREET ADDRESS	75 MAYFAIR LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	V Fenster	<input type="checkbox"/> Delete
NAME	FENSTON, IRENE	
STREET ADDRESS	7 ROBERT CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fenster, Irene	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

SIGNATURE: *Daniel C. Vacco, DANIEL C. VACCO PRES. 3/17/03 561-733-5530*

CR2E037 (10/02)