


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N13055

1. Entity Name
COUNTRY FAIR AT BOYNTON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US	Mailing Address C/O ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

07 AUG 20 PM 4:26

TREASURY OF STATE
TALLAHASSEE, FLORIDA



07242007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2661252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~PATTH HEIDLER LADWIG, P.A.
 12765 W. FOREST HILL BLVD., STE. 1312
 WELLINGTON, FL 33414-4782~~

**DICKER, KRIVOK & STOLOFF, P.A.
 1818 Australian**

7. Name and Address of New Registered Agent

Name
DICKER, KRIVOK & STOLOFF, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1818 Australian Ave. South, Suite 400

City **West Palm Beach** FL Zip Code **33409**

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: *Edward Dicker of Dicker Krivok & Stoloff* *Edward Dicker of Dicker Krivok & Stoloff* *7/29/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROY, AMANDA	
STREET ADDRESS	6276 COUNTRY FAIR CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JERNIGAN, SHANE	
STREET ADDRESS	9852-E 62ND TERRACE SO	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NASELSKY, ARLINE	
STREET ADDRESS	6280 COUNTRY FAIR CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLLS, ROBERT	
STREET ADDRESS	9983-C WATERMILL CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBIN, SANFORD	
STREET ADDRESS	6389 COUNTRY FAIR CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIDDLE, LISA	
STREET ADDRESS	9982-A WATERMILL CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN HAGER	
STREET ADDRESS	6389 Country Fair Circle	
CITY-ST-ZIP	Boynton Beach, FL 33437	
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		

600108855686
08/31/07--01005--011 **\$1.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *[Signature]* **8/9/07** **912-24-5511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #