2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004260

1. Entity Name
BOYNE SOUTH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18100 ROYAL TREE PARKWAY NAPLES, FL 34114	18100 ROYAL TREE PARKWAY NAPLES, FL 34114

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04152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3514643
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZEDECK, LEONARD E
13790 NW 4TH ST
STE 113
SUNRISE, FL 33325

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000117324
04/19/04-80038-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GROSS, LEONARD
STREET ADDRESS	13050 BRIDGEFORD AVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	TD
NAME	BLOOM, ASHLEY
STREET ADDRESS	3450 S OCEAN BLVD #405
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	SD
NAME	GREGORY, EVELYN R
STREET ADDRESS	1680 NW 1 TERR
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Evelyn R Gregory 4-15-04 5614777115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #