

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006285

1. Entity Name:

BOYNTON ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

953 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071
US

Mailing Address

P.O. BOX 8726
CORAL SPRINGS FL 33075

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1586233

Applied For

Not Applicable

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

WHITTLE, J. MICHAEL
953 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

Name Cynthia Garbale
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.

SIGNATURE

Cynthia Garbale

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ABBO, FRED
STREET ADDRESS 953 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☒ Delete

TITLE D
NAME Chris Deliso
STREET ADDRESS 6 Valencia Drive
CITY-ST-ZIP Boynton Beach, FL 33436 ☒ Change ☐ Addition

TITLE VD
NAME ABBO, LARRY
STREET ADDRESS 953 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☒ Delete

TITLE D
NAME Mike Olson
STREET ADDRESS 151 Citrus Park Circle
CITY-ST-ZIP Boynton Beach, FL 33436 ☒ Change ☐ Addition

TITLE STD
NAME ABBO, EDWARD
STREET ADDRESS 953 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☒ Delete

TITLE D
NAME Dave Rapkin
STREET ADDRESS 143 Citrus Park Circle
CITY-ST-ZIP Boynton Beach, FL 33436 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-01

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-18-2001 91237 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)