

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

Amended

DOCUMENT # N94000006285

1. Entity Name

BOYNTON ESTATES HOMEOWNERS ASSOC, INC.

FILED

02 MAY 20 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1928 LAKE WORTH ROAD

Suite, Apt. #, etc.

3. Mailing Address

1928 LAKE WORTH ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-1586233

Applied For

Not Applicable

Zip

33461

Country

Zip

33461

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ASSOCIATED PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)

1928 LAKE WORTH ROAD

City LAKE WORTH

FL

Zip Code 33461

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME

PD
CHRISTOPHER IDE
136 CITRUS PARK CIRCLE
BOYNTON BEACH, FL 33436

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

900005678099--3
-06/04/02--01082--004
*****61.25 *****61.25

TITLE
NAME

VD
PATRICIA CLEM
124 CITRUS PARK CIRCLE
BOYNTON BEACH, FL 33436

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STD
DAVE RAKIN
143 CITRUS PARK CIRCLE
BOYNTON BEACH, FL 33436

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

TITLE
NAME

P
CAROL MULCAHY
115 CITRUS PARK CIRCLE
BOYNTON BEACH, FL 33436

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D
KEITH THOMPSON
16 VALENCIA DRIVE
BOYNTON BEACH, FL 33436

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher Ide

4/16/02

501-752-9817

CR2E037B (12/01)