


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90249 030 ****61.25

DOCUMENT # N94000006285 1. Entity Name BOYNTON ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461 US			Mailing Address 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461 US		
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 65-1586233	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461			Name <u>Sharon Manzione</u> Street Address (P.O. Box Number is Not Acceptable) <u>145 Citrus Park Cir</u> City <u>Boynton Bch</u> <u>FL</u> Zip Code <u>33436</u>		
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 <u>Sharon Manzione</u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>			DATE <u>4/15/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEM, PATRICIA		NAME	SHARON MANZIONE	
STREET ADDRESS	124 CITRUS PARK CIRCLE		STREET ADDRESS	145 Citrus Park Cir.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Bch, FL 33436	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	V. Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZIONE, SHARON		NAME	CHRISTINE SCHWEIZER	
STREET ADDRESS	145 CITRUS PARK CIR.		STREET ADDRESS	91 Citrus Park Lane	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Bch, FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, CHRIS		NAME	Patricia Clem	
STREET ADDRESS	2 VALENCIA DR.		STREET ADDRESS	124 Citrus Park Cir	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Bch, FL 33436	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Secy	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIZER, CHRISTINE		NAME	STEVEN PELTZMAN	
STREET ADDRESS	91 CITRUS PARK LANE		STREET ADDRESS	27 VALENCIA DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Bch, FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOPIE, LON		NAME	PEGGY SPIER	
STREET ADDRESS	50 CITRUS PARK LANE		STREET ADDRESS	155 Citrus Park Cir.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH, FLA 33436	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered.					
SIGNATURE: <u>Patricia Clem</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/15/05</u> DAYTIME PHONE # <u>901-733-6866</u>		