


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90015 018 ****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 C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box #		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	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STOLOFF, SCOTT A ESQ. 1818 AUSTRALIAN AVE. SOUTH, SUITE 400 WEST PALM BEACH, FL 33409			Name 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEM, PATRICIA 124 CITRUS PARK CIRCLE BOYNTON BEACH, FL 33436		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANZIONE, SHARON 145 CITRUS PARK CIR. BOYNTON BEACH, FL 33436		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PELTZMAN, STEVEN 27 VALENIA DRIVE BOYNTON BEACH, FL 33436		<input checked="" type="checkbox"/> Delete	S JOHN FRULLO 142 CITRUS PARK LANE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWEIZER, CHRISTINE 91 CITRUS PARK LANE BOYNTON BEACH, FL 33436		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIER, PEGGY 155 CITRUS PARK CIRCLE BOYNTON BEACH, FL 33436		<input checked="" type="checkbox"/> Delete	D VICTORIA OLESKY 63 CITRUS PARK LANE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Sharon L. Pier</i>		4.20.07		(561) 254-8026	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	