

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758089

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC9727230656**

**Entity Name:** BOYNTON LAKES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH , FL 33463

**Current Mailing Address:**

C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH , FL 33463 US

**FEI Number:** 59-2189429

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARTLEY & MORTON PA  
800 VILLAGE SQUARE CROSSING  
SUITE 222  
LAKE WORTH , FL 33463 US

*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:** VICTORIA MORTON

03/30/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BERNSTEIN, SHEILA  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title VP  
Name WEISS, ROBERT  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name GOLD , SANDY  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name HAUSERMAN , WILLIAM  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name DESMARAIS, NORMAN  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHEILA BERNSTEIN

PD

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date