

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

DOCUMENT# N09781

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC8049632777**

**Entity Name:** BOYNTON LAKES HOMEOWNERS ASSOCIATION NO. 3, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-2669689

**Certificate of Status Desired:** No

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

CHINN LENN, NATALIE  
2300 PALM BEACH LAKES BLVD  
SUITE 308  
WEST PALM BEACH , FL 33409 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:** NATALIE CHINN LENN

03/30/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VACCO, DAN  
Address C/OGRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

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

Title V  
Name CAENEY, PATRICK  
Address C/OGRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title D  
Name COTTLE, DONALD P  
Address C/OGRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name GERVASI, GEORGE  
Address C/OGRS 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:** DANIEL VACCO

PD

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date