

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N13055

Entity Name: COUNTRY FAIR AT BOYNTON HOMEOWNERS ASSOCIATION, INC.

FILED
Aug 17, 2018
Secretary of State
CC0149266488

Current Principal Place of Business:

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH ROAD SUITE B
LAKE WORTH, FL 33467

Current Mailing Address:

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH ROAD SUITE B
LAKE WORTH, FL 33467 US

FEI Number: 59-2661252

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH ROAD SUITE B
LAKE WORTH, FL 33467 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: BRIAN MCENTEE

08/17/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HARRIMAN, DAVID
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT OF THE PALM
 BEACHES, INC.
 8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title VP
Name RUBIN, ELLEN
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT OF THE PALM
 BEACHES, INC.
 8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY, TREASURER
Name OBERMAN, LAWRENCE
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT OF THE PALM
 BEACHES, INC.
 8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER, SECRETARY
Name OBERMAN, LAWRENCE
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT OF THE PALM
 BEACHES, INC.
 8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

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: DAVID HARRIMAN

PRESIDENT

08/17/2018

