

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90156 027 \*\*\*\*61.25

**DOCUMENT # 758089**

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



Principal Place of Business  
**C/O VICTORY ACCT SERVICES  
P.O. BOX 24-3214  
BOYNTON BEACH, FL 33424-3214 US**

Mailing Address  
**C/O VICTORY ACCT SERVICES  
P.O. BOX 24-3214  
BOYNTON BEACH, FL 33424-3214 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

03302007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2189429**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEICHT, VICKI  
1375 GATEWAY BLVD  
BOYNTON BEACH, FL 33426**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 VP ☐ Delete  
NAME LUONGO, ELEANORE  
STREET ADDRESS 37 WINCHMORE LN  
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Delete  
NAME ~~HOWARD, ACKLEY~~  
STREET ADDRESS ~~2 WINCHMORE LN~~  
CITY-ST-ZIP ~~BOYNTON BEACH, FL 33426~~

TITLE ☐ Change ☒ Addition  
NAME **Alan Gelbman**  
STREET ADDRESS **16 Flint Way**  
CITY-ST-ZIP **Boynton Beach, Florida 33426**

TITLE D ☐ Delete  
NAME MONECK, RICH  
STREET ADDRESS 4 BOSWELL PL  
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME BERNSTEIN, SHEILA  
STREET ADDRESS 75 MAYFAIR LANE  
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME STAFFORD, HEATHER  
STREET ADDRESS 6 WINCHMORE LANE  
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 not empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-07**

Date

Daytime Phone #