2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED May 03, 2012 **DOCUMENT#758090** Secretary of State

Entity Name: BOYNTON LAKES HOMEOWNERS ASSOCIATION NO. 1, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O ADEPT MANAGEMENT, INC C/O MANAGEMENT COMPANY OF BOCA, LLC 504 W PALM AIRE DR 500 NE SPANISH RIVER BLVD, SUITE 18

POMPANO BEACH, FL 33069 US BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

C/O ADEPT MANAGEMENT, INC C/O MANAGEMENT COMPANY OF BOCA, LLC P.O. BOX 934661 500 NE SPANISH RIVER BLVD, SUITE 18

MARGATE, FL 33093 BOCA RATON, FL 33431

FEI Number: 59-2189426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ADEPT MANAGEMENT, INC MANAGEMENT COMPANY OF BOCA, LLC 504 WEST PALM AIRE DRIVE 500 NE SPANISH RIVER BLVD, SUITÉ 18

POMPANO BEACH, FL 33069 US BOCA RATON, FL 33431

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: ERNEST W. WILLIS 05/03/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

HERTER, TOM Name:

500 NE SPANISH RIVER BLVD, SUITE 18 Address:

City-St-Zip: BOCA RATON, FL 33431

Title: VD

Name: GOLD, SANDY

Address: 500 NE SPANISH RIVER BLVD. SUITE 18

City-St-Zip: BOCA RATON, FL 33431

Title: TD

IACOVELLI, ELIZABETH Name:

500 NE SPANISH RIVER BLVD, SUITE 18 Address:

City-St-Zip: BOCA RATON, FL 33431

Title: SD

Name: LEGALLOU, FABIENNE

500 NE SPANISH RIVER BLVD, SUITE 18 Address:

City-St-Zip: BOCA RATON, FL 33431

Title:

BANKS, DOUGLAS Name:

500 NE SPANISH RIVER BLVD, SUITE 18 Address:

BOCA RATON, FL 33431 City-St-Zip:

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: TOM HERTER PD 05/03/2012