2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771237

FILED Apr 30, 2008 Secretary of State

Entity Name: BOYNTON LAKES HOMEOWNERS ASSOCIATION NO.2, INC.

| Current Pr | incipal Place of Business: | New Principal Pla | ce of Business: |
|---|---|---|-----------------------------------|
| 1375 GATE | RY ACCTG SERVICE EWAY BLVD BEACH, FL 33426 US | C/O BANYAN PRO 2328 S CONGRES WEST PALM BEAG | |
| Current Ma | ailing Address: | New Mailing Add | ress: |
| PO BOX 24 BOYNTON | 1-3214 BEACH, FL 334243214 US | C/O BANYAN PRO 2328 S CONGRES WEST PALM BEAG | |
| FEI Number: | 59-2426604 FEI Number Applied F | for () FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | Address of Current Registered A | gent: Name and Addres | s of New Registered Agent: |
| BOYNTON | EWAY BLVD BEACH, FL 33426 US | DICKER, KRIVOK (1818 AUSTRALLIA SUITE 400 WEST PALM BEAC t for the purpose of changing its registe | N AVE SOUTH |
| in the State | of Florida. | | |
| SIGNATUR | RE: JAMES KRIVOK | | 04/30/2008 |
| | Electronic Signature of Regis | tered Agent | Date |
| OFFICERS | AND DIRECTORS: | ADDITIONS/CHAI | NGES TO OFFICERS AND DIRECTORS: |
| Title: Name: Address: City-St-Zip: | VPO () Delete MURRAY, JIM 5 GRANGE PL BOYNTON BEACH, FL 33426 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | P () Delete CESARETTI, FRED 6 GRANGE PL BOYNTON BEACH, FL 33426 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D () Delete SABETSON, CHISTINE 3 BOSWELL PL BOYNTON BEACH, FL 33426 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | ST () Delete JOEDICKE, KRISTY 1 PENWICK PL BOYNTON BEACH, FL 33426 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D () Delete MONECK, RICHARD 4 BOSWELL PL BOYNTON BEACH, FL 33426 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| | | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

| SIGNATURE: FRED CESARETTI PD 04/30/2008 |
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