


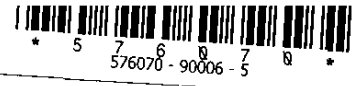
FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90017 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22923
 1. Corporation Name
THE COURTS AT BOYNTON PLACE SUB-ASSOCIATION, INC

Principal Place of Business 10171 BOYNTON PLACE CIRCLE BOYNTON BEACH FL 33437	Mailing Address 500 AUSTRALIAN AVE., SOUTH SUITE 600 WEST PALM BEACH FL 33401
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	3. Date Incorporated or Qualified 10/09/1987	4. FEI Number 65-0035421	Applied For <input type="checkbox"/> Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

COMMUNITY ASSOCIATED SERVICES 951 BROKEN SOUND PARKWAY STE 250 BOCA RATON FL 33487	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, ROBERT	1.2 NAME	BOB STANLEY
STREET ADDRESS	10291 BOYNTON PLACE CIRCLE	1.3 STREET ADDRESS	5581 BOYNTON PLACE CIRCLE PD
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	SD	2.1 TITLE	2ND VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, FRANK	2.2 NAME	RANDY SMITH
STREET ADDRESS	10393 BOYNTON PLACE CIRCLE	2.3 STREET ADDRESS	6557 BOYNTON PLACE
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VP	3.1 TITLE	DAVID A. CAUL SECRETARY <input type="checkbox"/> Addition
NAME	CONSIGLI, ROBERT	3.2 NAME	DAVID A. CAUL
STREET ADDRESS	10124 BOYNTON PLACE CIRCLE	3.3 STREET ADDRESS	5500 BOYNTON PL. CIR
CITY-ST-ZIP	BOYNTON BEACH FL 33437	3.4 CITY-ST-ZIP	BOYNTON Bk FL 33437
TITLE	2VPD	4.1 TITLE	HARRY HOLBROOK <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTMAN, LEWIS	4.2 NAME	HARRY HOLBROOK
STREET ADDRESS	10034 BOYNTON PLACE CIRCLE	4.3 STREET ADDRESS	7150 LOCKWOOD RD
CITY-ST-ZIP	BOYNTON BEACH FL 33437	4.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE		5.1 TITLE	FRANK MILLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	FRANK MILLER
STREET ADDRESS		5.3 STREET ADDRESS	10393 BOYNTON BEACH CIRCLE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 4/2/99 861-994-1768

CR2E037 (1/198)