

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22923

1. Entity Name

THE COURTS AT BOYNTON PLACE SUB-ASSOCIATION, INC

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90072 049 ****61.25

Principal Place of Business 10171 BOYNTON PLACE CIRCLE BOYNTON BEACH FL 33437	Mailing Address 500 AUSTRALIAN AVE., SOUTH SUITE 800 WEST PALM BEACH FL 33401-6237
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 951 Broken Sound Parkway Suite 250 City & State Boca Raton, FL Zip 33487
City & State	Country

4. FEI Number 65-0035421	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COMMUNITY ASSOCIATED SERVICES
 951 BROKEN SOUND PARKWAY
 STE 250
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

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.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANLEY, BOB 5581 BOYNTON PL CIR BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, FRANK 10393 BOYNTON PLACE CIRCLE BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD SMITH, RANDY 5557 BOYNTON PL BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRUZ, DAVID 5500 BOYNTON PL CIR BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLBROOK, HARRY 7150 LOCKWOOD RD LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MILLER, FRANK 10393 BOYNTON BCH CIR BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lenny Malusky <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10220 Boynton Pl. Circle 1301 Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 like empowered.

SIGNATURE: S. Smith **REQUIRED** 3/10/00 564 994-1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)