


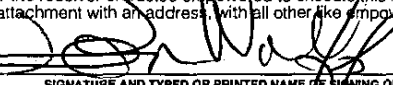
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90015 030 ****61.25

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DOCUMENT # N22923			
1. Entity Name THE COURTS AT BOYNTON PLACE SUB-ASSOCIATION, INC.			
Principal Place of Business C/O POINTE MAMAGEMENT GROUP INC 75 NE 6 AVE #206 DELRAY BEACH, FL 33483		Mailing Address C/O POINTE MAMAGEMENT GROUP INC 75 NE 6 AVE #206 DELRAY BEACH, FL 33483	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01072004		Chg-NP	CR2E037 (10/03)
4. FEI Number 65-0035421		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESTEBANEZ, ERIC C/O POINTE MAMAGEMENT GROUP INC 75 N E 6 AVENUE #206 DELRAY BEACH, FL 33483		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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, HARRY	NAME	
STREET ADDRESS	7150 LOCKWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECHKA, CHERIE	NAME	
STREET ADDRESS	10106 BOYNTON PLACE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, RON	NAME	
STREET ADDRESS	10096 BOYNTON PLACE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMTORSULA, CLARINA	NAME	
STREET ADDRESS	10128 BOYNTON PLACE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUIZ, DAVID	NAME	
STREET ADDRESS	5500 BOYNTON PLACE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Daytime Phone # _____	