


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90061 018 \*\*\*\*61.25

**DOCUMENT # N22923**

1. Entity Name  
 THE COURTS AT BOYNTON PLACE SUB-ASSOCIATION, INC.



Principal Place of Business  
~~C/O POINTE MANAGEMENT GROUP INC~~  
~~75 NE 6 AVE #200~~  
~~DELRAY BEACH, FL 33483~~

Mailing Address  
~~C/O POINTE MANAGEMENT GROUP INC~~  
~~75 NE 6 AVE #200~~  
~~DELRAY BEACH, FL 33483~~

*United Community Mgt. Corp. Same*

2. Principal Place of Business - No P.O. Box #  
 11784 W. Sample Rd  
 Suite, Apt. #, etc. #103

3. Mailing Address  
 11784 W. Sample Rd  
 Suite, Apt. #, etc. #103

City & State  
 Coral Springs, FL

City & State  
 Coral Springs, FL


Zip  
 33065

Country  
 US

Zip  
 33065

Country  
 US

40001100



02142007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 65-0035421

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ESTEBANEZ, ERIC~~  
~~C/O POINTE MANAGEMENT GROUP INC~~  
~~75 NE 6 AVENUE #200~~  
~~DELRAY BEACH, FL 33483~~

7. Name and Address of New Registered Agent

Name  
 United Community Mgt. Corp.

Street Address (P.O. Box Number is Not Acceptable)  
 11784 W. Sample Rd #103

City  
 Coral Springs

State  
 FL

Zip Code  
 33065

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: *Renee Kottawa* V.P. Finance United Comm. Mgmt 2/24/07

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, 2007

9. Election Campaign Financing Trust Fund Contribution.  \$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	CRUZ, DAVID	NAME	
STREET ADDRESS	5500 BOYNTON PLACE CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH, FL 33437	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 checked="" 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	<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	
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 exemptions contained 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #