


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90011 047 \*\*\*\*61.25

<b>DOCUMENT # N22923</b>							
1. Entity Name THE COURTS AT BOYNTON PLACE SUB-ASSOCIATION, INC.							
Principal Place of Business UNITED COMMUNITY MGT 11784 W. SAMPLE RD #103 CORAL SPRINGS, FL 33065			Mailing Address UNITED COMMUNITY MGT 11784 W. SAMPLE RD #103 CORAL SPRINGS, FL 33065				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	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				
UNITED COMMUNITY MGT CORP. 11784 W. SAMPLE RD #103 CORAL SPRINGS, FL 33065			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2008		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	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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME			NAME	SD Sanchez, Angela			
STREET ADDRESS			STREET ADDRESS	10206 Boynton Place Circle			
CITY-ST-ZIP			CITY-ST-ZIP	Boynton Beach, FL 33437			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME			NAME	D Santorsola, Claring			
STREET ADDRESS			STREET ADDRESS	10128 Boynton Place Circle			
CITY-ST-ZIP			CITY-ST-ZIP	Boynton Beach, FL 33437			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____			