

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22923

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

UNITED COMMUNITY MGT  
11784 W. SAMPLE RD #103  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

J.A.N. PROPERTY MANAGEMENT  
123 N CONGRESS AVE #343  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

UNITED COMMUNITY MGT  
11784 W. SAMPLE RD #103  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

J.A.N. PROPERTY MANAGEMENT  
123 N CONGRESS AVE #343  
BOYNTON BEACH, FL 33426

**FEI Number:** 65-0035421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MGT CORP.  
11784 W. SAMPLE RD #103  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

J.A.N. PROPERTY MANAGEMENT  
123 N CONGRESS AVE #343  
BOYNTON BEACH, FL 33426 US

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: STEVE WORRALL

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CRUZ, DAVID  
Address: 5500 BOYNTON PLACE CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D  
Name: FRITERS, GWYNNE  
Address: 10144 BOYNTON PLACE CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD  
Name: WOLFF, RON  
Address: 10096 BOYNTON PLACE CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D  
Name: SANTORSOLA, CLARINA  
Address: 10128 BOYNTON PLACE CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID CRUZ

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date