

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N48671 (4)**  
1. Corporation Name  
**BOYNTON WATERS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**9390 JOG ROAD  
BOYNTON BEACH FL 33437**

Mailing Address  
**4950 N. DIXIE HWY  
STE A  
FT. LAUDERDALE FL 33334  
US**

3. Date Incorporated or Qualified **05/01/1992** 3a. Date of Last Report **02/15/1995**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>65-0421319</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

**KENNELLY, JOHN SHERMAN  
4950 N. DIXIE HWY  
STE A  
FT. LAUDERDALE FL 33334**

## 10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

## SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE <b>DP</b>	<b>KENNELLY, JOHN SHERMAN</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS	<b>4950 N. DIXIE HWY STE A</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE F</b>	1.4 CITY - ST - ZIP	
TITLE <b>DVT</b>	<b>REGAN, RODNEY</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	<b>9342 AQUA VISTA BLVD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE <b>DS</b>	<b>REGAN, EMILY</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	<b>9342 AQUA VISTA BLVD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Will, Larry</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>9374 Aqua Vista Blvd.</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>Boynton Beach, FL 33437</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>DS Kennelly, Justin T.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>9396 Lakeside Lane</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>Boynton Beach, FL 33437</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John S. Kennelly, President 4/24/96 771-2972**  
Date Daytime Phone #

CR2E037 (12/95)