## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 16 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

## BOYNTON WATERS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business		Mailing Address				T COUNTS OF THE STAND SOURCE SELECT COMMENT THAT STANL GLOST GIVEN GIVEN STANL STANL SOUR		
9390 JOG ROAD BOYNTON BEACH FL 33437		4950 N. DIXIE HWY STE A FT.LAUDERDALE FL 33334-3947						
		US	• •		3	Date Incorporated or Qualified 05/01/1992	3a. Date of L 05/0	ast Report 1/1996
2. Principal P	lace of Business	2s. Mailing Address		4	FEI Number	<u> </u>	Applied For	
21		26			65-0421319		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional
22		27					· · · · · · · · · · · · · · · · · · ·	ee Required
City & State		City & State	<del> </del>		•	5. Election Campaign Financing Trust Fund Contribution		.00 May Be
<b>Z</b> ip	Country Zip Co		Counti	v				ded to Fees
24	25	29 30	_	,	'	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	intangible tax un ☐ Yes 🛣 No	der 8. 199.032,
27	9. Name and Address of Curre		<u>,                                     </u>	***********	10	). Name and Address of New Re		
			8	Nan	ne			
KENNEL	LY, JOHN SHERMAN		82 Street Ad		et Address i	(P,O, Box Number is Not Acceptal	nle)	
4950 N. DIXIE HWY						(1,0. Contration to Not ribopia		
STE A			8	3		······································		
FT. LAUI	DERDALE FL 33334		B-	City			FL 85	Zip Code
11. Pursuant	to the provisions of Sections 617,05	02 and 617.1508, Florida Statutes	the abo	ve-nam	ed corporati	ion submits this statement for the	ourpose of chance	ing its registered
office or r	egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was aut	horized t	ov the c	orporation's	board of directors. I hereby acce	pt the appointme	int as registered
SIGNATURE .	Signature, typed or printed name of registered ac	tent and title if applicable (NOTE: R	legistered A	nent sions	ture required wh	en reinstaling)	DATE	
12.		ND DIRECTORS	13.	Berlit Billia	rare required with	ADDITIONS/CHANGES TO OFFI		CTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		T	· · · · · · · · · · · · · · · · · · ·	☐ Ch	ange 🔲 Addition
NAME	Kennelly, John Shermai	IAN 1.21						
STREET ADDRESS	4950 N. DIXIE HWY STE A		1.3 STREE	ET ADDRES	is			
CITY-ST-ZIP			1.4 CITY	1.4 CITY-ST-ZIP				
TITLE	DVT	☐ DELETE	2.1 TITLE				L Ch	ange L. Addition
NAME		,		22 NAME				
STREET ADDRESS	DOMESTALL DELACTED		I.	2.3 STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL	DELETE	2.4 CITY		<del> </del>	·		ange Addition
TITLE			1	31 TITLE 32 NAME			☐ Ch	ange L. Audition
NAME STREET ADDRESS	KENNELLY, JUSTIN T. 9396 LAKESIDE LANE			: et addre:				
	BOWLEON BEACH EL		3.4. CITY		~			
CITY-ST-ZIP TITLE	EVIIIVII DENOITIE	DELETE	4.1 TITLE		<del>                                     </del>		☐ Ch	ange Addition
NAME			4. 2 NAM					<u> </u>
STREET ADDRESS				et addre	ss			
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5.1 TITLE				Ch	ange Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADORE	5S			
CITY-ST-ZIP			5.4 CITY	ST-ZIP				
TITLE		DELETE	6.1 TITLE				☐ Ch	ange Addition
NAME			6.2 NAMI	Ē				
STREET ADDRESS			6.3 STRE	et addre	SS [			

14. I do 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 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.