FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Γ	LLED	
May 05	1998	8:00am
Secreta	ary of	State

BOYNTON WATERS HOMEOWNERS' ASSOCIATION, INC.										
P	rincipal Place of Busines	18	Mailing Address			T CONTINUE OIL BURBE SOLM TABOL MOT BURE BURE BURE BURE BURE BURE BURE BURE				
	8090 JOG ROAD BOYNTON BEACH FL 33437	4950 N. DIXIE HWY STE A FT.LAUDERDALE FL 33334			3. Date Incorporated or Qualified 05/01/1992					
			US	,		4. FEI Number Applied For Not Applied be Not Applied For				
2. Principal Place of Business 21		2a. Malling Addres	2a. Malling Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Required					
22			27	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
23	City & State		City & State			7. Is this nonprofit corporation a homeowners association? X Yes No				
24		Country 25	Zip 29	30	intry	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	KENNELLY, JOHN : 4950 N. DIXIE HWY STE A FT. LAUDERDALE F	•			81 82 83 84	Street Address (P.O. Box Number is Not Acceptable)				
					64	65 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							
12.	Signature, typed or printed name of registered agent and tritle if applicable	(NOTE P		required when reinstating)	DATE		
	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES			
TITLE	- ·	DELETE	1.1 TITLE		L	Change	Addition
NAME	KENNELLY, JOHN SHERMAN		1.2 NAME				
STREET ADDRESS	4950 N. DIXIE HWY STE A		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE F		1.4 City - ST - ZIP				
TITLE	DVT	DELETE	2.1 TITLE			Change	Addition
NAME	WILL, LARRY		2.2 NAME				
STREET ADDRESS	9374 AQUA VISTA BLVD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP	<u> </u>		_	
TITLE	DS I	☐ DELETE	3.1 TITLE			Change	Addition
NAME	Kennelly, Justin T.		3.2 NAME				
STREET ADDRESS	9396 LAKESIDE LANE		3.3 STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CiTY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		Ľ	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

14. I 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.

SIGNATURE:

JOHN S KENNELLY 4/15/98 954-771-2972