

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48671

1. Entity Name

BOYNTON WATERS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

4950 N. DIXIE HWY.
SUITE A
FT. LAUDERDALE FL 33334

Mailing Address

4950 N. DIXIE HWY
STE A
FT. LAUDERDALE FL 33334-3947
US

2. Principal Place of Business

6849 Cobia Circle

Suite, Apt. #, etc.

3. Mailing Address

6849 Cobia Circle

Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Boynton Beach FL

Zip

33437

Country

Zip

33437

Country

4. FEI Number

65-0421319

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: John S. Kennelly, Esq.
Street Address (P.O. Box Number is Not Acceptable)

6849 Cobia Circle

City: Boynton Beach

FL

Zip Code: 33437

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.

SIGNATURE

John S. Kennelly, Esq.

John S. Kennelly, Esq.

4/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WILL, LARRY 9374 AQUA VISTA BLVD. BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KENNELLY, JUSTIN T. 9396 LAKESIDE LANE BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENNELLY, JUSTIN T 4950 N. DIXIE HWY. STE A FORT LAUDERDALE FL 33334	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President John S. Kennelly 6849 Cobia Circle Boynton Beach FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

John S. Kennelly, Esq.

President

APR 24 2000

561-369-2345

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90007 009 ****70.00



DO NOT WRITE IN THIS SPACE