

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48671

FILED
Mar 21, 2009
Secretary of State

Entity Name: BOYNTON WATERS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9390 JOG ROAD
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

PO BOX 740065
BOYNTON BEACH, FL 33474

New Mailing Address:

FEI Number: 65-0421319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, PHILIP G
9309 LAKESIDE LANE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KLINE, PHILIP G
Address: 9309 LAKESIDE LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: DARDICK, WILLIAM
Address: 9353 CASCADE COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: ROTHE, URSULA
Address: 9389 LAKESIDE LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD () Delete
Name: BRANDRUP, CLAUS
Address: 9369 CASCADE COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: BERDOLL, LAWRENCE
Address: 9340 LAKESIDE LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: TEDESCHI, ARTHUR
Address: 9352 WATERCOURSE WAY
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOFARO, LAWRENCE L
Address: 9367 AQUA VISTA BLVD.
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHILIP G. KLINE

P

03/21/2009

Electronic Signature of Signing Officer or Director

Date