

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90173 017 \*\*\*\*61.25

**DOCUMENT # N48671**

1. Entity Name

**BOYNTON WATERS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**9353 WATERCOURSE WAY  
BOYNTON BEACH FL 33437**

Mailing Address

**9353 WATERCOURSE WAY  
BOYNTON BEACH FL 33437**

2. Principal Place of Business

**9390 Jog Road**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 740065**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State <b>Boynton Beach, FL.</b>		City & State <b>Boynton Beach, FL.</b>		4. FEI Number <b>65-0421319</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33437</b>	Country <b>Palm Beach</b>	Zip <b>33474</b>	Country <b>Palm Beach</b>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VONO, LEONARD J  
9376 WATERCOURSE WAY  
BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name  
**Kline, Philip G.**

Street Address (P.O. Box Number is Not Acceptable)  
**9309 Lakeside Lane**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Philip G. Kline*, **Philip G. Kline, President** **3-24-03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SADE, MARSHALL 9353 WATERCOURSE WAY BOYNTON BEACH FL 33437</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Kline, Philip G. 9309 Lakeside Lane Boynton Beach, FL, 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV DAVEY, BRIAN P 9288 WATERCOURSE WAY BOYNTON BEACH FL 33437</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Copeland, Richard 9292 Lakeside Lane Boynton Beach, FL, 33437</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD COALE, SHERIE C 9285 LAKESIDE LANE BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Kamps, Paul R. 9398 Aqua Vista Blvd. Boynton Beach, FL, 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD TUSZL, JOHN 9416 CASCADE COURT BOYNTON BEACH FL 33437</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Duckman, Cheryl 9320 Watercourse Way Boynton Beach, FL, 33437</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DUCKMAN, CHERYL 9320 WATERCOURSE WAY BOYNTON BEACH FL 33437</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Caminiti, Carl 9390 Aqua Vista Blvd. Boynton Beach, FL, 33437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V COPELAND, RICHARD 9292 LAKESIDE LANE BOYNTON BEACH FL 33437</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Somers, Heidi 9316 Lakeside Lane Boynton Beach, FL, 33437</b> <input type="checkbox"/> Change <input checked="" 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: *Philip G. Kline*, **Philip G. Kline, President** **3-24-03** **561 738-8026**

CR2E037 (10/02)