

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043901

1. Entity Name

BOYNTON WATERS VILLAS CORPORATION

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

05-11-2000 90007 014 ***158.75

Principal Place of Business

4950 NORTH DIXIE HIGHWAY
SUITE A
FORT LAUDERDALE FL 33334

Mailing Address

4950 NORTH DIXIE HIGHWAY
SUITE A
FORT LAUDERDALE FL 33334-3947

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **6849 Cobia Circle
Boynton Beach FL 33437**

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Boynton Beach FL 33437**

4. FEI Number **65-0747755**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNELLY, JOHN S. ESQ.
4950 NORTH DIXIE HIGHWAY
SUITE A
FORT LAUDERDALE FL 33334

Name **John S. Kennelly, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**6849 Cobia Circle
Boynton Beach FL 33437**

City **FL** Zip Code

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* **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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNELLY, JOHN B 4950 N. DIXIE HIGHWAY, SUITE A FORT LAUDERDALE FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John B. Kennelly 6849 Cobia Circle Boynton Beach FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 24 2000

Date

Daytime Phone #

561-369-2341