

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010680

FILED  
Feb 07, 2008  
Secretary of State

**Entity Name:** SENIORNET LEARNING CENTER OF BOYNTON BEACH, INC.

**Current Principal Place of Business:**

C/O JCC @ 8500 JOG ROAD  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JCC @ 8500 JOG ROAD  
BOYNTON BEACH, FL 33437 US

**New Mailing Address:**

**FEI Number:** 36-4563154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OSTROWSKI, EDWARD A JR.  
611 SE 7TH STREET  
PH1  
DELRAY BEACH, FL 33483 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: P ( ) Delete  
Name: OSTROWSKI, EDWARD A JR.  
Address: 611 SE 7TH STREET PH1  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VP ( ) Delete  
Name: PERRY, FRED  
Address: 6971 ASHTON STREET  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: TREA ( ) Delete  
Name: SACHAROW, HELENE  
Address: 2560 RIVERVIEW DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: DIR ( ) Delete  
Name: KOZLIN, RAY  
Address: 10557 ROYAL CARIBBEAN CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: DIR ( ) Delete  
Name: GROSS, JOEL  
Address: 5798 GRAND HARBOUR CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: DIR ( ) Delete  
Name: GRONERT, ELAINE  
Address: 4620A MAHOE TREE PLACE  
City-St-Zip: BOYNTON BEACH, FL 33436 US

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

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: EDWARD A OSTROWSKI

P

02/07/2008

Electronic Signature of Signing Officer or Director

Date