

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 16, 2008
Secretary of State

DOCUMENT# N06000006159

Entity Name: ESTANCIA AT BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

601 NORTH CONGRESS AVENUE
SUITE 114
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

601 NORTH CONGRESS AVENUE
SUITE 114
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 26-2429575 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARNEY, THOMAS F JR.
901 GEORGE BUSH BOULEVARD
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: PD () Delete
Name: WILSON, E. ANTHONY
Address: 601 NORTH CONGRESS AVENUE #114
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD () Delete
Name: BLANK, THOMAS W
Address: 601 NORTH CONGRESS AVENUE #114
City-St-Zip: DELRAY BEACH, FL 33445

Title: STD () Delete
Name: GRAUE, GARRETT
Address: 601 NORTH CONGRESS AVENUE #114
City-St-Zip: DELRAY BEACH, FL 33445

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:

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: RALPH L PEEK

Electronic Signature of Signing Officer or Director

CFO

09/16/2008

Date