


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90083 019 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N95000004534</b>   |  |
| 1. Entity Name<br>THE GROVE AT BOYNTON BEACH COMMUNITY ASSOCIATION, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>C/O PHOENIX MANAGEMENT<br>3082 JOG ROAD<br>LAKE WORTH, FL 33467 US | Mailing Address<br>C/O PHOENIX MANAGEMENT<br>3082 JOG ROAD<br>LAKE WORTH, FL 33467 US |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State<br><br>Zip Country                           | City & State<br><br>Zip Country               |

AMOUNT ~~500.00~~ **500.00**



03252005 Chg-NP CR2E037 (10/03)

|  |  |   |
|--|--|---|
| 4. FEI Number<br>65-0645775  |  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required  |
| 6. Name and Address of Current Registered Agent<br><br>PHOENIX MANAGEMENT<br>3082 JOG RD<br>LAKE WORTH, FL 33467 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>COHEN, JOSEPH<br>9655 HONEYBELL CIRCLE<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WOHL, ROBERTA<br>9760 LEMONWOOD DR<br>BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | HARVEY Ritter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>D<br>7901 Linn Lane H 1 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ITZKOWITZ, MARVIN<br>9793 LEMONWOOD COURT<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PORTNOY, JULES<br>9584 HONEY BELL CIR.<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>KURTZMAN, JAMES<br>9872 LEMONWOOD WAY<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>HERSHKOWITZ, SAM<br>7717 CHERRY BLOSSOM ST<br>BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input 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:** *Sam HersHKowitz* **SAN HERSHKOWITZ** 4-5-05 7338746  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #