

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90346 024 ****70.00

DOCUMENT # N01378

1. Entity Name
**BOYNTON COMMERCE CENTER PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**4444 ST CATHERINE WEST #100
WESTMOUNT QUEBEC H3Z1R2
CANADA, XX**

Mailing Address
**4444 ST CATHERINE WEST #100
WESTMOUNT QUEBEC H3Z1R2
CANADA, XX**



01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25.
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DALFEN, MURRAY 4444 ST CATHERINE WEST #100 WESTMOUNT, QUEBEC CANADA, h3z 1r2
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ALTSHULER, BARRY 250 AUSTRALIAN AVE SO., #400 WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VON STEIN, CHARLES H 1600 S. FEDERAL HWY, #200 POMPAÑO BEACH, FL 33062
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Murray Dalfen **MURRAY DALFEN** MAR 20, 2006 514-938-1050