2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751103

FILED Jan 09, 2008 Secretary of State

Entity Name: BOSTON PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6801 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141 **Current Mailing Address: New Mailing Address:** P.O. BOX 402336 MIAMI BEACH, FL 33140 FEI Number: 59-2115109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENNETT, JOAN 763 41ST STREET SUITE C MIAMI BEACH, FL 33140 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PS/D () Delete (X) Change () Addition TURF, GLEN Name: LEVIN BRIAN Name: 6801 INDIAN CREEK DRIVE, #501 Address: 6801 INDIAN CREEK DRIVE, #501 Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141 Title: Title: (X) Change () Addition () Delete DE LA TORRE, RAUL Name: VALBUENA, KATHLEEN Name: Address: 6801 INDIAN CREEK DRIVE. # 608 Address: 6801 INDIAN CREEK DRIVE, # 203 City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141 Title: D/T () Delete Title: () Change () Addition MATHEWS, GILBERT Name: Name: 6801 INDIAN CREEK DRIVE #409 Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: CICCTTETTI, ROBERT 6801 INDIAN CREEK DRIVE #301 Address: Address: City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33141 Title: () Delete Title: () Change (X) Addition TARGAS, STELLA Name: Name: 6801 INDIAN CREEK DRIVE #707 Address: Address: City-St-Zip: City-St-Zip: MIAMI BEACH,, FL 33141 Title: () Delete Title: () Change (X) Addition ALBEQUERQUE, MARIA T. Name: Name: Address: Address: 6801 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141 City-St-Zip: 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: BRIAN LEVIN P 01/09/2008