

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 21, 2008
Secretary of State**

DOCUMENT# 751103

Entity Name: BOSTON PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O FOUR POINTS PROPERTY MANAGEMENT, INC.
790 WEST 20 ST. 2ND FLOOR
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

C/O FOUR POINTS PROPERTY MANAGEMENT, INC.
790 WEST 20 ST. 2ND FLOOR
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 59-2115109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUR POINTS PROPERTY MANAGEMENT, INC.
790 WEST 20 ST. 2ND FLOOR
HIALEAH, FL 33010 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: PS/D (X) Delete
Name: LEVIN, BRIAN
Address: 6801 INDIAN CREEK DRIVE, # 501
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: VALBUENA, KATHLEEN
Address: 6801 INDIAN CREEK DRIVE, # 203
City-St-Zip: MIAMI BEACH, FL 33141

Title: D/T () Delete
Name: MATHEWS, GILBERT
Address: 6801 INDIAN CREEK DRIVE #409
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: CICCTTETTI, ROBERT
Address: 6801 INDIAN CREEK DRIVE #301
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: TARGAS, STELLA
Address: 6801 INDIAN CREEK DRIVE #707
City-St-Zip: MIAMI BEACH,, FL 33141

Title: S/D () Delete
Name: ALBEQUERQUE, MARIA T.
Address: 6801 INDIAN CREEK DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MATHEWS, GILBERT
Address: 6801 INDIAN CREEK DRIVE #409
City-St-Zip: MIAMI BEACH, FL 33141

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: MARC RODRIGUEZ

PRES

07/21/2008

Electronic Signature of Signing Officer or Director

_____ Date