2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N01378

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

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

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01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DALFEN, MURRAY
STREET ADDRESS	4444 ST CATHERINE WEST #100
CITY-ST-ZIP	WESTMOUNT, QUEBEC CANADA, h3z 1r2
TITLE	VPD
NAME	ALTSHULER, BARRY
STREET ADDRESS	250 AUSTRALIAN AVE SO., #400
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SD
NAME	VON STEIN, CHARLES H
STREET ADDRESS	1600 S. FEDERAL HWY, #200
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80047-028 70.00

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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: _____ MURRAY DALFEN APR 5, 2007 514-938-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #