2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N01378

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

Current Principal Place of Business:

C/O PRINCIPAL REAL ESTATE INVESTORS, LLC
801 GRAND AVE
DES MOINES, IA 50392 XX

New Principal Place of Business:

Current Mailing Address:

C/O PRINCIPAL REAL ESTATE INVESTORS, LLC
801 GRAND AVE
DES MOINES, IA 50392 XX

New Mailing Address:

FEI Number: 42-0127290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	PSTD	( ) Delete
Name:	JACAVINO, RICHARD	
Address:	801 GRAND AVE	
City-St-Zip:	DES MOINES, IA 50392	
Title:	VPD	( ) Delete
Name:	TALBOT, RICK	
Address:	801 GRAND AVE.	
City-St-Zip:	DES MOINES, IA 50392	
Title:	D	( ) Delete
Name:	MASON, FRANK	
Address:	C/O LOWE'S COMPANIES, INC., HWY 268 E	
City-St-Zip:	NORTH WILKESBORO, NC 28659	
Title:	D	( ) Delete
Name:	HAMILTON, NEAL	
Address:	C/O LOWE'S COMPANIES, INC., HWY 268 E	
City-St-Zip:	NORTH WILKESBORO, NC 28659	
Title:	D	( ) Delete
Name:	BURKHART, KARA	
Address:	801 GRAND AVE	
City-St-Zip:	DES MOINES, IA 50392	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ROBERT ROEPSCH ADM 02/18/2009

Electronic Signature of Signing Officer or Director — Date