## NOQQQQ0240

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	∋ #}
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Boynton Beach Assisted Living Facility, Inc.
(Name of Corporation)
DOCUMENT NUMBER: N02000006240
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Sherry Friedman
(Name of Person)
Boynton Beach Assisted Living Facility, Inc.
(Name of Firm/Company)
534 Datura Street
(Address)
West Palm Beach, FL 33401
(City/State and Zip Code)
For further information concerning this matter, please call:
Joseph Glucksman at ( 561 ) 659-9330, ext 420  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

TO: Amendment Section

## BOYNTON BEACH ASSISTED LIVING FACILITY 1708 NE 4<sup>th</sup> Street

1708 NE 4<sup>th</sup> Street
Boynton Beach, Florida 33435
ALF License #5799

August 11, 2004

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Document # N02000006240
Amendment To Annual Report

Resignation of Director

**Dear Amendment Section:** 

Attached find the following:

- Resignation of Director Sherry Friedman;
- Amended Annual Report; and
- Payment totaling \$96.25, for fees.

Contact me directly at (561) 659-9330, extension 420 or cellular at 561-722-6083, should we need to discuss this issue.

Yours truly,

Joseph Glucksman

President

A Florida Housing Corporation Operated Property
Providing Housing & Supportive Services To Those In Need
Phone: 561/737-6465 / Fax: 561/737-7925

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

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ALLAHASSEE. FLORIDA

Sherry Friedman	hereby resign as Director
>	(Title)
Boynton Beach Assisted Living	Facility, Inc.
(Name o	(Corporation)
N0200006240 (Document Number, if known)	_a corporation organized under the laws of the State of
Florida	_
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	; :
Shes	M. Fuednan

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314