


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000008622</b> 1. Entity Name BOYNTON HILLS NEIGHBORHOOD ASSOCIATION, INC.	
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Principal Place of Business 711 NW 1ST STREET BOYNTON BEACH, FL 33435	Mailing Address 711 NW 1ST STREET BOYNTON BEACH, FL 33435
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**DO NOT WRITE IN THIS SPACE**

8. Name and Address of Current Registered Agent  JENKINS, ELIZABETH 711 NW 1ST STREET BOYNTON BEACH, FL 33435	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee Is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, ELIZABETH 711 NW 1ST STREET BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, SYLVESTER 211 ROSS DRIVE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EBLIN, DOROTHY 125 NW 6TH AVE BOYNTON BEACH, FL 33435
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/21/05-80005-001 306.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Elizabeth Jenkins* **7-8-05** **561-737-3765**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #