


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90050 013 ****61.25

DOCUMENT # N03000005030 1. Entity Name			
BOYNTON BEACH CONDOMINIUM BUILDING "F" ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
9480 S MILITARY TR STE 4A BOYNTON BCH FL 33436		9480 S MILITARY TR STE 4A BOYNTON BCH FL 33436	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number				Applied For			
20-0158711				Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SOLIMINE, NICHOLAS A 2950 COMMERCE PRK DR 2 BOYNTON BEACH FL 33426			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>							

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEKKERE, PETER	NAME	
STREET ADDRESS	2950 COMMERCE PRK DR 6	STREET ADDRESS	
CITY- ST- ZIP	BOYNTON BEACH FL 33426	CITY- ST- ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZRATHY, MIKE	NAME	STEPHEN SCHOENBERG
STREET ADDRESS	2650 COMMERCE PRK DR 14	STREET ADDRESS	9599 CAMPI DRIVE
CITY- ST- ZIP	BOYNTON BEACH FL 33426	CITY- ST- ZIP	LAKE WORTH, FL 33467
TITLE	DST <input type="checkbox"/> Delete	TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JOYCE	NAME	CAROLYN COVERT
STREET ADDRESS	2950 COMMERCE PRK DR 2	STREET ADDRESS	2950 NW Command RR Dr #5
CITY- ST- ZIP	BOYNTON BEACH FL 33426	CITY- ST- ZIP	Buoyton Beach, FL 33426
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joyce Rodriguez, Secretary/Treasurer **1-3007** **561-547-4681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Jaycee Phone #