

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000008507

1. Entity Name
THE PLAZA AT BOYNTON OWNERS ASSOCIATION, INC.



Principal Place of Business
**1704 CORPORATE DRIVE
BOYNTON BEACH, FL 33426**

Mailing Address
**1740 CORPORATE DRIVE
BOYNTON BEACH, FL 33426**



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3808270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALKER, CHARLES E
1740 CORPORATE DRIVE
BOYNTON BEACH, FL 33426**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CZ Waeh

01-08-2007

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000614483
02/06/07-80033-004 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SLOBODOW, MICHAEL
STREET ADDRESS 1704 CORPORATE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE VD
NAME LEWIS, GARY
STREET ADDRESS 1736 CORPORATE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE STD
NAME WALKER, CHARLES E
STREET ADDRESS 1740 CORPORATE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE D
NAME HEFFERMAN, TOM
STREET ADDRESS 1720 CORPORATE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE D
NAME LEV-WAR, SHARON
STREET ADDRESS 1710 CORPORATE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE D
NAME CAMCHE, ROBERT
STREET ADDRESS 1730 CORPORATE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33426

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CZ Waeh

01-08-2007 561.738-9100