


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90028 004 ****61.25

DOCUMENT # N05000001756					
1. Entity Name BOYNTON BEACH CONDOMINIUM BUILDING "E" ASSOCIATION, INC.					
Principal Place of Business 9480 SO. MILITARY TRAIL, SUITE 4A BOYNTON BEACH FL 33436		Mailing Address 9480 SO. MILITARY TRAIL, SUITE 4A BOYNTON BEACH FL 33436			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2768718	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLIMINE, NICHOLAS A JR. 9480 SO. MILITARY TRAIL, SUITE 4A BOYNTON BEACH FL 33436			7. Name and Address of New Registered Agent Name NITA L KNOBBE Street Address (P.O. Box Number is Not Acceptable) 9480 So MILITARY 4A City BOYNTON BEACH FL Zip Code 33436		
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 <u><i>Nita L Knobb</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINN, WALTER 2940 NW COMMERCE PK DR #8 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLIMINE JR, NICHOLAS A 9480 S. MILITARY 4A BOYNTON BEACH FL 33436	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JPD ALLEN J. MARCOVITCH 1155 SW. 25th Ave Boynton Bch FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D GIACCA, TED 9480 SO. MILITARY TRAIL, SUITE 4A BOYNTON BEACH FL 33436	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD JEFF POPPE 2930 NW. COMMERCE PK DR #1 BOYNTON BEACH FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD NITA L KNOBBE 9480 S. MILITARY 4A BOYNTON Bch FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E037 (10/07)

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: *Nita L Knobb* *NITA L. KNOBBE* 1/31/08