

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 06, 2009
Secretary of State**

DOCUMENT# N05000001756

Entity Name: BOYNTON BEACH CONDOMINIUM BUILDING "E" ASSOCIATION, INC.

Current Principal Place of Business:

9480 SO. MILITARY TRAIL, SUITE 4A
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

9480 SO. MILITARY TRAIL, SUITE 4A
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 20-2768718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOBBE, NITA L
9480 S MILITARY 4A
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LINN, WALTER
Address: 2940 NW COMMERCE PK DR #8
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VPD () Delete
Name: MARCOVITCH, ALLEN J
Address: 1155 SW 25TH AVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: AD () Delete
Name: POPPE, JEFF
Address: 2930 NW COMMERCE PRK DR 1
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TD () Delete
Name: KNOBBE, NITA L
Address: 9480 S MILITARY 4H
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NITA L KNOBBE

TD

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date