

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-07-2008 90109 046 ****61.25

FILED
Aug 14, 2008 8:00 A.M.
Secretary of State

DOCUMENT # N05000002893 1. Entity Name STAPLES BOYNTON BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 500 STAPLES DRIVE FRAMINGHAM, MA 01702			Mailing Address 500 STAPLES DRIVE ATTN: PROPERTY MANAGEMENT FRAMINGHAM, MA 01702		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. ECI Number <div style="display: flex; justify-content: space-between;"> 20-8083873 Applied For <input type="checkbox"/> Not Applicable </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MCINTOSH, ANDREW L 101 EAST KENNEDY BLVD. SUITE 2000 TAMPA, FL 33602			7. Name and Address of New Registered Agent 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 re-registering)</small>					
Filing 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	PSD SCHACHTER, BERNARD I 500 STAPLES DRIVE FRAMINGHAM, MA 01702	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERSON, JEFFREY J C/O TWIN RIVERS CAPITAL, LLC, 57 HASELL ST CHARLESTON, SC 29401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VAN CAMP, PAUL 500 STAPLES DRIVE FRAMINGHAM, MA 01702	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORR, JOHN A JR C/O TWIN RIVERS CAPITAL, LLC, 57 HASELL ST CHARLESTON, SC 29401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRUMKIN, THEODORE 500 STAPLES DRIVE FRAMINGHAM, MA 01702	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, JOHN 500 STAPLES DRIVE FRAMINGHAM, MA 01702	<input type="checkbox"/> Delete			
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 another like empowered.			SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date: 4/2/08			Daytime Phone #: 561.471.5353		