# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 26, 2009**
**Secretary of State**

DOCUMENT# N05000002893

**Entity Name:** STAPLES BOYNTON BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

500 STAPLES DRIVE
FRAMINGHAM, MA 01702

**New Principal Place of Business:**

**Current Mailing Address:**

500 STAPLES DRIVE
ATTN: PROPERTY MANAGEMENT
FRAMINGHAM, MA 01702

**New Mailing Address:**

**FEI Number: 20-8083873** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCINTOSH, ANDREW L
101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA, FL 33602 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: | PSD | ( ) Delete |
| Name: | SCHACHTER, BERNARD I | |
| Address: | 500 STAPLES DRIVE | |
| City-St-Zip: | FRAMINGHAM, MA 01702 | |
| Title: | D | ( ) Delete |
| Name: | LAMBERSON, JEFFREY J | |
| Address: | C/O TWIN RIVERS CAPITAL, LLC, 57 HASELL ST | |
| City-St-Zip: | CHARLESTON, SC 29401 | |
| Title: | VTD | ( ) Delete |
| Name: | VAN CAMP, PAUL | |
| Address: | 500 STAPLES DRIVE | |
| City-St-Zip: | FRAMINGHAM, MA 01702 | |
| Title: | D | ( ) Delete |
| Name: | ORR, JOHN A JR | |
| Address: | C/O TWIN RIVERS CAPITAL, LLC, 57 HASELL ST | |
| City-St-Zip: | CHARLESTON, SC 29401 | |
| Title: | D | ( ) Delete |
| Name: | FRUMKIN, THEODORE | |
| Address: | 500 STAPLES DRIVE | |
| City-St-Zip: | FRAMINGHAM, MA 01702 | |
| Title: | D | ( ) Delete |
| Name: | BARTON, JOHN | |
| Address: | 500 STAPLES DRIVE | |
| City-St-Zip: | FRAMINGHAM, MA 01702 | |

**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: | |
| 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: D. GLEN ALEXANDER MGR 03/26/2009
Electronic Signature of Signing Officer or Director — Date