

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000009650

1. Entity Name
BOYNTON TOWN CENTER MASTER ASSOCIATION, INC.



Principal Place of Business
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 US

Mailing Address
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 US

FILED

07 APR 27 AM 10:38

CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04232007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3649471

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILIPPELLI, JOSEPH A
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
DIR
FILIPPELLI, JOSEPH A
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P/T
Filippelli, Joseph A.
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
SHER, CRAIG H
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/V/S
SHER, CRAIG H.
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
FOREMAN, RICHARD
1450 S. JOHNSON FERRY ROAD, SUITE 100
ATLANTA, GA 30319 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500101349685
05/03/07--01014--016 **70.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P,T
FILIPPELLI, JOSEPH A
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
\$34/30 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
FOREMAN, RICHARD
1450 S. JOHNSON FERRY ROAD, SUITE 100
ATLANTA, GA 30319 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
SHER, CRAIG H
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

4-24-07

727-384-6000

Date

Daytime Phone #