

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009650

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** BOYNTON TOWN CENTER MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707 US

**New Principal Place of Business:**

C/O PRIME MANAGEMENT GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707 US

**New Mailing Address:**

C/O PRIME MANAGEMENT GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

FEI Number: 20-3649471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

C/O PRIME MANAGEMENT GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

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: JAYME GELFAND

02/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: FILIPPELLI, JOSEPH A  
Address: 5858 CENTRAL AVENUE  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: DVS ( ) Delete  
Name: SEMBLER, GREGORY S  
Address: 5858 CENTRAL AVENUE  
City-St-Zip: ST. PETERSBURG, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: GREGORY SEMBLER

DVS

02/10/2009

Electronic Signature of Signing Officer or Director

Date