

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jan 23, 2009**  
**Secretary of State**

DOCUMENT# N06000006159

**Entity Name:** ESTANCIA AT BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**601 NORTH CONGRESS AVENUE  
SUITE 114  
DELRAY BEACH, FL 33445**New Principal Place of Business:****Current Mailing Address:**601 NORTH CONGRESS AVENUE  
SUITE 114  
DELRAY BEACH, FL 33445**New Mailing Address:****FEI Number:** 26-2429575**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CARNEY, THOMAS F JR.  
901 GEORGE BUSH BOULEVARD  
DELRAY BEACH, FL 33483 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:** WILSON, E. ANTHONY  
**Address:** 601 NORTH CONGRESS AVENUE #114  
**City-St-Zip:** DELRAY BEACH, FL 33445**Title:** VD ( ) Delete  
**Name:** BLANK, THOMAS W  
**Address:** 601 NORTH CONGRESS AVENUE #114  
**City-St-Zip:** DELRAY BEACH, FL 33445**Title:** STD ( ) Delete  
**Name:** GRAUE, GARRETT  
**Address:** 601 NORTH CONGRESS AVENUE #114  
**City-St-Zip:** DELRAY BEACH, FL 33445**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:**

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: MIKE KANE

AS

01/23/2009

Electronic Signature of Signing Officer or Director

Date