2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000007388

TI FILED
Oct 14, 2008
Secretary of State

Entity Name: BOYETTE EXECUTIVE CENTER OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

19045 DALE MABRY HWY N 11954 BOYETTE RD LUTZ, FL 33548 RIVERVIEW, FL 33569

Current Mailing Address: New Mailing Address:

19045 DALE MABRY HWY N PO BOX 2606

LUTZ, FL 33548 VALRICO, FL 33595

FEI Number: 20-5193392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ASSOCIATED PROPERTY MANAGMENT GROUP, LLC
19045 DALE MABRY HWY N
LUTZ, FL 33548 US

COA COMMERCIAL
1463 OAKFIELD DR
#129

BRANDON, FL 33511 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: RICK PITROWSKI 10/14/2008

Electronic Signature of Registered Agent Date

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

Title: PD () Delete Title: PRES (X) Change () Addition Name: FLORES, JOSE Name: WILSON, JACQUELINE H

Address: 19045 DALE MABRY HWY N Address: 9504 BELL MOUNTAIN DR.

City-St-Zip: TAMPA, FL 33548 City-St-Zip: AUSTIN, TX 78730

Title: VD () Delete Title: VP (X) Change () Addition Name: WILSON, JACQUELINE Name: HESS, MICHAEL DR

Address: 9504 BELL MONTAIN DRIVE Address: 11970 BOYETTE ROAD City-St-Zip: AUSTIN, TX 78730 City-St-Zip: RIVERVIEW, FL 33569

Title: STD () Delete Title: S/T (X) Change () Addition
Name: MAUGER, MICHAEL Name: BOYER, ROBERT T DR

Name: MAUGER, MICHAEL Name: BOYER, ROBERT I DR
Address: 19045 DALE MABRY HWY N Address: 3936 LAGO DI GRATA CIRCLE
City-St-Zip: LUTZ, FL 33548 City-St-Zip: SAN DIEGO, CA 92130

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

SIGNATURE: ROBERT T. BOYER VP 10/14/2008

above, or on an attachment with an address, with all other like empowered.