


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000011910	
1. Entity Name GREYSTONE AT BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.	

FILED
08 AUG 11 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1600 SAWGRASS CORP PKWY STE 300 SUNRISE, FL 33323	Mailing Address 1600 SAWGRASS CORP PKWY STE 300 SUNRISE, FL 33323
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2. Principal Place of Business - No P.O. Box # 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 230 City & State Sunrise, FL Zip 33323 Country USA	3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 230 City & State Sunrise, FL Zip 33323 Country USA
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07292008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-8167840	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HELFMAN, STEVEN M ESQ 1600 SAWGRASS CORP PKWY SUITE 300 230 SUNRISE, FL 33323	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, BARBARA <input checked="" type="checkbox"/> Delete 1600 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Muscarella, Nicole <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEPLAZA, MARCIE <input type="checkbox"/> Delete 1600 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1600 Sawgrass Corp Pkwy, Suite 230 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MENENDEZ, N. MARIA <input type="checkbox"/> Delete 1600 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1600 Sawgrass Corp Pkwy, Suite 230 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900134457309 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/14/08--01007--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: N. Maria Menendez 7-31-08 954-753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #