



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90099 020 ****70.00

DOCUMENT # N07000007999 1. Entity Name BOYNTON ISLES NEIGHBORHOOD ASSOCIATION CORP.					
Principal Place of Business 936 BROOKDALE DR. BOYNTON BEACH, FL 33435			Mailing Address 936 BROOKDALE DR. BOYNTON BEACH, FL 33435		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		


 01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 17-07114264		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WENZEL, JEANNE 936 BROOKDALE DR. BOYNTON BEACH, FL 33435				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			FL

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, 2008	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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	LIS, JEFF	936 BROOKDALE DR. BOYNTON BEACH, FL 33435				
	V	LAINH, JAY	936 BROOKDALE DR. BOYNTON BEACH, FL 33435				
	S	WENZEL, JEANNE	936 BROOKDALE DR. BOYNTON BEACH, FL 33435				

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: *Jeane M. Wenzel* 4-10-08 561-736-3244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #