

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 27, 2009
Secretary of State

DOCUMENT# N07000007999

Entity Name: BOYNTON ISLES NEIGHBORHOOD ASSOCIATION CORP.**Current Principal Place of Business:**956 BROOKDALE DR.
BOYNTON BEACH, FL 33435**New Principal Place of Business:**937 GREENBRIAR DR.
BOYNTON BEACH, FL 33435**Current Mailing Address:**956 BROOKDALE DR.
BOYNTON BEACH, FL 33435**New Mailing Address:**937 GREENBRIAR DR.
BOYNTON BEACH, FL 33435**FEI Number:** 77-0711464**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KRANTZ, GAYLE
956 BROOKDALE DR.
BOYNTON BEACH, FL 33435 US**Name and Address of New Registered Agent:**LAING, TAMI
937 GREENBRIAR DR.
BOYNTON BEACH, FL 33435 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: TAMI S LAING

08/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SKULLY, KEVIN
Address: 941 BROOKDALE DR.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S () Delete
Name: KRANTZ, GAYLE
Address: 956 BROOKDALE DR.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/T (X) Change () Addition
Name: LEWIS, LUCY
Address: ISLES RD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S (X) Change () Addition
Name: KRANTZ, GAYLE
Address: BROOKDALE DR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: CP () Change (X) Addition
Name: LAING, TAMI
Address: GREENBRIAR DR
City-St-Zip: BOYNTON BEACH, FL 33435

Title: CP () Change (X) Addition
Name: LAING, JAY
Address: GREENBRIAR DR
City-St-Zip: BOYNTON BEACH, FL 33435

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: TAMI LAING

CP

08/27/2009

Electronic Signature of Signing Officer or Director

Date