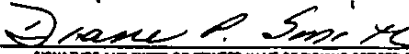


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-28-2008 90015 033 ****61.25

DOCUMENT # N07000008212			
1. Entity Name THE BOUTIQUE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8000 NE BAYSHORE COURT MIAMI, FL 33138		Mailing Address 8000 NE BAYSHORE COURT MIAMI, FL 33138	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 399 W. Camino Gdns. Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 300	
City & State		City & State Boca Raton, FL 33432	
Zip	Country	Zip	Country
33432		33432	Palm Beach
4. FEI Number 38-772631 38-3772631		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REGISTERED AGENTS OF FLORIDA, L.L.C. 100 SOUTHEAST SECOND STREET SUITE 2900 MIAMI, FL 33131-2130		Name John C. Kaczmarek, P.A. Street Address (P.O. Box Number is Not Acceptable) 399 W. Camino Gdns. Blvd. Suite 300 City Boca Raton FL Zip Code 33432	
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 		John C. Kaczmarek, President 2/25/08	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCANN, ROBERT K 8000 NE BAYSHORE COURT MIAMI, FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MACDONALD, RAY 8000 NE BAYSHORE COURT MIAMI, FL 33138 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Donn A. Smith 8000 NE Bayshore Court Miami, FL 33138 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SMITH, DIANE P 8000 NE BAYSHORE COURT MIAMI, FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		2/25/08 561-368-6609	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	