


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90018 029 ****61.25

DOCUMENT # N07000009949 1. Entity Name THE PRESERVE AT BOYNTON BEACH 12 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2121 PONCE DE LEON LEON BLVD PENTHOUSE CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON LEON BLVD PENTHOUSE CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">40062312</div> 	
City & State		City & State		4. FEI Number <div style="font-size: 24px; font-weight: bold;">26-1377757</div>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J STEARNS WEAVER MILLER WEISSLER ALHADEFF AN 150 WEST FLAGLER STREET STE 2200 MIAMI, FL 33130				7. Name and Address of New Registered Agent Name BARBARA BEGUIRISTAIN Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD. PENTHOUSE City CORAL GABLES FL Zip Code 33134	
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) BARBARA BEGUIRISTAIN, PRESIDENT				DATE 4-7-08 <small>DATE</small>	
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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEGUIRISTAIN, BARBARA 2121 PONCE DE LEON LEON BLVD PENTHOUSE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRUZ, MAX 2121 PONCE DE LEON LEON BLVD PENTHOUSE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ADAMS, BRUCE 2121 PONCE DE LEON LEON BLVD PENTHOUSE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARBARA BEGUIRISTAIN, PRESIDENT				Date 4-7-08 Daytime Phone # 305/443-8288	