2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

DOCUMENT# N08000005817

Entity Name: WEST BOYNTON MEDICAL CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3930 MAX PLACE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

3930 MAX PLACE
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, KIMBERLY
3930 MAX PLACE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT
Name: HILL, KIMBERLY
Address: 3930 MAX PLACE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DVS
Name: HAHOWALD, PAUL
Address: 3930 MAX PLACE
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY HILL D 04/28/2010
Electronic Signature of Signing Officer or Director Date