

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                 |                                                                                   |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N09343</b><br>1. Entity Name<br><b>BOYNTON BEACH DISTRIBUTION CENTER MASTER ASSOCIATION, INC.</b> |  |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                     |                                                                                         |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>9480 S MILITARY TRAIL<br/>SUITE 4A<br/>BOYNTON BEACH FL 33436</b> | Mailing Address<br><b>9480 S MILITARY TRAIL<br/>SUITE 4A<br/>BOYNTON BEACH FL 33436</b> |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

|                                                      |                                           |
|------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State                                         | City & State                              |
| Zip                                                  | Country                                   |



1st MOORE CR2E037 (10/04)

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br><b>83-0349435</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>DANIELS, STEVEN L<br/>515 N FLAGLER DRIVE<br/>6TH FLOOR<br/>WEST PALM BEACH FL 33401</b> |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                        |                                                                                     |                                    |                                                              |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                       |                                                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                             |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>D</b><br><b>SOLOMINE, NICHOLAS A, JR</b><br><b>9480 S MILITARY TRAIL</b><br><b>BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000191205</b><br><b>01/24/05-80164-009 61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>D</b><br><b>KNOBBE, NITA</b><br><b>9480 S MILITARY TRAIL</b><br><b>BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>D</b><br><b>BROWN, ALVIN</b><br><b>9480 S MILITARY TRAIL</b><br><b>BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Nita L. Knobb* **NITA L. KNOBBE** 1/19/05 561 738 9308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #