

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N09343

1. Entity Name

**BOYNTON BEACH DISTRIBUTION CENTER MASTER
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**9480 S MILITARY TRAIL
SUITE 4A
BOYNTON BEACH FL 33436**

**9480 S MILITARY TRAIL
SUITE 4A
BOYNTON BEACH FL 33436**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

83-0349435

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIELS, STEVEN L
515 N FLAGLER DRIVE
6TH FLOOR
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE:

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LEMELL, LEE M**
CITY-STATE-ZIP **2930 NORTHWEST COMMERCE PARK DR., #3
BOYNTON BEACH FL 33426**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BECKER, PETER**
CITY-STATE-ZIP **2950 NORTHWEST COMMERCE PARK DR., #8
BOYNTON BEACH FL 33426**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KNOBBE, NITA L**
CITY-STATE-ZIP **9480 S MILITARY TRAIL
BOYNTON BEACH FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U00000605323**
CITY-STATE-ZIP **01/30/07-80031-020 61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nita L Knobbe

NITA L. KNOBBE

Date

Daytime Phone #

1/23/07 561 7389308