2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N09343 1. Entity Name

FILED Feb 07, 2008 8:00 am Secretary of State

02-07-2008 90024

BOYNTON BEACH DISTRIBUTION CENTER MASTER ASSOCIATION, INC.				02-07-2008 90024 025 ****61.25						
Principal Place of Business Mailing Address			1							
9480 S MILI	TARY TRAIL	9480 S MILITARY TRA	IL							
SUITE 4A	-	SUITE 4A		. 1		######################################				
BOYNION	BEACH FL 33436	BOYNTON BEACH FL	33436							
Principal Place of Business - No P.O. Box # 3. Mailing Address				i (484) D D	63 1 11 13 11 1	O IIII EKOLI ULULI	01011 01 6 21 010		NI 1881	
Suite, Apt. #, etc. Suite, Apt. #, etc.				1st MC	ORE	CR2E031	7 (10/07)		
City & State City & State				4. FEI Number 8	3-0349435	5		Applie Not Ap	d For oplicable	
Zip	Country	Zip	Country	İ	5. Certificate of St	atus Desired		\$8.75 Fee Req		nal
	6. Name and Address of Curren	t Registered Agent			7. Name and Add	ress of New F	Registered	Agent		
			Name							
515	NIELS, STEVEN L N FLAGLER DRIVE	٠	Street A	ddress (P.	.O. Box Number is	Not Acceptable	e) .			-
6TH	I FLOOR ST PALM BEACH FL 33401	1								
VVE	ST FALIVI BEACH FL 33401	l	City				FL	Zip (ode	
	named entity submits this statement t	for the purpose of changing its	registered office o	r registere	d agent, or both, in	the State of Flo	orida. Farr	tamiliar w	ith, and	accept
the obligat	tions of registered agent.									
	•									
SIGNATURE	Signature, typed or craved name of registered agent.	it and title disapposable. (NOTE	E: Ragistored Agent siçina	and tearned w	vivea reinstating)	***************************************	CATE			
Table 176 1 234 127 (C)	FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Car Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees		ike Ched da Depa			le
10.		II hansist							. t	
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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.

STREET ADDRESS CITY+ST-ZiP

SIGNATURE:

STREET ADDRESS

Tele & Graber

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