FILE NOW: FILING FEE IS $61.25

FILED
Sep 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15103 (7)

1. Corporation Name

BOYNTON WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ANN M. HINTON 4592 PINETREE DR DELRAY BEACH FL 33445	C/O ANN M. HINTON 4592 PINETREE DR DELRAY BEACH FL 33445-1230

3. Date Incorporated or Qualified: 05/27/1986
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

4. FEI Number: 59-2726633 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHMITT, CLIFFORD W 4592 PINETREE DRIVE DELRAY BEACH FL 33445	81 Name: Schmitt Clifford W. 82 Street Address (P.O. Box Number is Not Acceptable): 2920 SW 22 Cir #19E1 83 84 City: Delray Bch FL 85 Zip Code: 33445

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SCHMITT, CLIFFORD W		1.2 NAME	Schmitt, Clifford W.	
STREET ADDRESS	4592 PINETREE DR		1.3 STREET ADDRESS	2920 SW 22 Cir #19-E-1	
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP	Delray Bch, Fl 33445	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STEINBERG, FRANK		2.2 NAME		
STREET ADDRESS	3010 S.W. 14TH PLACE #8		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PEZZO, FRANK		3.2 NAME		
STREET ADDRESS	3010 S.W. 14TH PLACE #10		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	HINTON, ANN M		4.2 NAME	Hinton, Ann M	
STREET ADDRESS	4592 PINETREE DR		4.3 STREET ADDRESS	4592 Pinetree Drive	
CITY-ST-ZIP	DELRAY BEACH FL 33445		4.4 CITY-ST-ZIP	Delray Beach, Fl. 33445	
TITLE		☐ DELETE	5.1 TITLE	Asst S	☐ Change ☒ Addition
NAME			5.2 NAME	Zazzira, Trisha	
STREET ADDRESS			5.3 STREET ADDRESS	3010 SW 14 Place #10	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Boynton Bch, Fl. 33426	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [illegible]