2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State
04-14-2006 90140 030 ****61.25

DOCUMENT # N15103

1. Entity Name
BOYNTON WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O BEACON PROPERTY 500 NE SPANISH RIVER,STE 18 BOCA RATON, FL 33431	C/O BEACON PROPERTY 500 NE SPANISH RIVER,STE 18 BOCA RATON, FL 33431

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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2726633
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, ERNEST W
500 NE SPANISH RIVER BLVD
SUITE 18
BOCA RATON, FL 33431

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GALAN, MICHELE
STREET ADDRESS	117 NE 9TH AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	STD
NAME	SHERMAN, JAMES M
STREET ADDRESS	3020 SW 20 # 2
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	VPD
NAME	STEINBERG, FRANK A
STREET ADDRESS	9689 NEVADA PLACE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 4/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #