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

SIGNATURE: -

Feb 18, 2005 8:00 am Secretary of State DOCUMENT # N15552 1. Entity Name 02-18-2005 90058 039 ****70 00 BOYNTON BEACH DISTRIBUTION CENTER BUILDING A CONMDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9480 S MILITARY TRAIL SUITE 4A 9480 S MILITARY TRAIL SUITE 4A **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address 2900 NW Commerce Park Drive#1 2900NW Commerce lark Driv Suite, Apt. #. Suite, Apt. #,letc. 1st MOORE CR2E037 (10/04) City & State Applied For 4. FFI Number 83-0349433 cach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent imma DANIELS, STEVEN L Street Address (P.O. Box Number is Not Acceptable) 515 N FLAGLER DRIVE **6TH FLOOR** Brookdale WEST FLOOR BEACH FL 33401 8. The above named onlity 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 Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Sampaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE Change Addition JimmyB, Fritz 153 Brookdele Drive SOLOMINE, NICHOLAS A, JR NAME NAME 9480 S MILITARY TRAIL SUITE 4A STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33436 CITY-ST-ZIP CITY-ST-ZIP Delete DILE ☐ Addition TITLE KNOBBE, NITA NAME NAME 9480 S MILITARY TRAIL SUITE 4A STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33436 CITY-ST-2IP CITY - ST - ZIP TITLE Delete TITLE ☐ Addition Torothy Fritz KENNEY, TIM NAME 100 CROCKER AVE STREET ADDRESS STREET ADDRESS Bounton Bch. F1. 330/26 SHEBOYGAN FALLS WI 53085 CITY-ST-7(P CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I 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 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.

FILED