

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N15552**

1. Entity Name  
**BOYNTON BEACH DISTRIBUTION CENTER BUILDING A  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2900 NW COMMERCE PARK DRIVE  
#1  
BOYNTON BEACH, FL 33426**

Mailing Address  
**2900 NW COMMERCE PARK DRIVE  
#1  
BOYNTON BEACH, FL 33426**



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**83-0349433**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FRITZ, JIMMY B  
953 BROOKDALE DRIVE  
BOYNTON BEACH, FL 33435**

**DO NOT WRITE  
IN THIS SPACE**

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

*Jimmy B. Fritz*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

*4/26/06*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000553951  
05/15/06-80071-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	FRITZ, JIMMY B
STREET ADDRESS	953 BROOKDALE DR
CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE	SD
NAME	FRITZ, MARSHA
STREET ADDRESS	953 BROOKDALE DR
CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE	D
NAME	FRITZ, DOROTHY
STREET ADDRESS	2900 BROOKDALE DR
CITY - ST - ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/26/06*

*561-4934451*