## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2008 8:00 am Secretary of State

04-18-2008 90036 028 \*\*\*\*61.25

## DOCUMENT # N26389

1. Entity Name

EXECUTIVE ESTATES OF BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.

US



Principal Place of Business ASSOCIATE PROP. MGMT. 1928 LAKE WORTH RD LAKE WORTH, FL 33461 Mailing Address
ASSOCIATE PRI

ASSOCIATE PROP. MGMT. 1928 LAKE WORTH RD LAKE WORTH, FL 33461

US

incipal Place of Business - No P.O. Box #	3. Mailing Address VICTORYALLOMATING SCENTE			
BMHM BON RS	Suite, Apt. #, etc. BUYNTON BEACH, PC	04142008	Chg-NP	CR2E037 (12/06)
ty & State Golding RIVI	City & State	4. FEI Numbe		Applied F

Country May 1 Zip 3 3 4 5 Certificate of Status Desired Status Desired Street Agent

Country May 1 Zip 3 3 4 5 Certificate of Status Desired Status Desired

the obligat	ions/of legistlered agent.				4/14/08	<u> </u>	
Signature, typed or printer name of registered agent and title if appli Filling Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	\$5.00 May Be Make check payable to		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, ROBERTO 251 MEGA CT BOYNTON BEACH, FL 33436	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTHEWS, ALAN 198 CITRUS TRAIL CIR BOYNTAN BEACH, FL 33836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐} Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUZLICK, STEVEN 108 EXECUTIVE CIRCLE BOYNTON BEACH, FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAGNER, HARRY 131 EXECUTIVE CIR BOYNTON BEACH, FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	

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 of 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08

561-133-5550

Daytime Phone #