

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90376 038 \*\*\*\*61.25

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02082007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N95000004534</b> 1. Entity Name <b>THE GROVE AT BOYNTON BEACH COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PHOENIX MANAGEMENT 3082 JOG ROAD LAKE WORTH, FL 33467 US</b>			Mailing Address <b>C/O PHOENIX MANAGEMENT 3082 JOG ROAD LAKE WORTH, FL 33467 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0645775</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHOENIX MANAGEMENT 3082 JOG RD LAKE WORTH, FL 33467</b>			7. Name and Address of New Registered Agent Name <b>David C. Rosenthal</b> Street Address (P.O. Box Number is Not Acceptable) <b>Phoenix Management Inc. 3082 Jog Road</b> City <b>Lake Worth</b> FL Zip Code <b>33467</b>		
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <b>3/7/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	(D) Motola, Florence	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, JOSEPH		NAME	9538 Cherry Blossom Ct.	
STREET ADDRESS	9655 HONEYBELL CIRCLE		STREET ADDRESS	Boynton Beach FL 33437	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	(D) Rosenberg, Delores	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RITTER, HARVEY		NAME	7881 Laina Ln #3	
STREET ADDRESS	9760 LEMONWOOD DR.		STREET ADDRESS	Boynton Beach FL 33437	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	(D) Rosenfield, Howard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ITZKOWITZ, MARVIN		NAME	9595 Cherry Blossom Ter.	
STREET ADDRESS	9793 LEMONWOOD COURT		STREET ADDRESS	Boynton Beach FL 33437	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTNOY, JULES		NAME		
STREET ADDRESS	9584 HONEY BELL CIR.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZMAN, JAMES		NAME		
STREET ADDRESS	9872 LEMONWOOD WAY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSHKOWITZ, SAM		NAME		
STREET ADDRESS	7717 CHERRY BLOSSOM ST		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/28/07</b> <small>Daytime Phone #</small>		