

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90005 017 ****61.25

DOCUMENT # N95000004534					
1. Entity Name THE GROVE AT BOYNTON BEACH COMMUNITY ASSOCIATION, INC.					
Principal Place of Business C/O PHOENIX MANAGEMENT 3082 JOG ROAD LAKE WORTH, FL 33467 US			Mailing Address C/O PHOENIX MANAGEMENT 3082 JOG ROAD LAKE WORTH, FL 33467 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0645775	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENTHAL, DAVID C C/O PHOENIX MANAGEMENT, INC. 3082 JOG RD. LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME COHEN, JOSEPH	<input type="checkbox"/> Delete	TITLE D	NAME Motola, Florence	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9655 HONEYBELL CIRCLE	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 9538 Cherry Blossom Ct.	CITY-ST-ZIP Boynton Beach FL 33437	
TITLE D	NAME RITTER, HARVEY	<input type="checkbox"/> Delete	TITLE D	NAME Rosenberg, Delores	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9760 LEMONWOOD DR.	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 7881 Laina Lane #3	CITY-ST-ZIP Boynton Beach FL 33437	
TITLE D	NAME ITZKOWITZ, MARVIN	<input type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9793 LEMONWOOD COURT	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME PORTNOY, JULES	<input type="checkbox"/> Delete	TITLE D	NAME Rosenfeld, Howard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9584 HONEY BELL CIR.	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 9595 Cherry Blossom Terr.	CITY-ST-ZIP Boynton Beach FL 33437	
TITLE TD	NAME KURTZMAN, JAMES	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9872 LEMONWOOD WAY	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VPD	NAME HERSHKOWITZ, SAM	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7717 CHERRY BLOSSOM ST	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 	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: MARVIN ITZKOWITZ			Date: 5/11/08 Daytime Phone #: 561-733-9253		