

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000004534

1. Entity Name
THE GROVE AT BOYNTON BEACH COMMUNITY
ASSOCIATION, INC.



FILED

08 SEP 24 AM 10:39

CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

09192008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0645775

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, JOSEPH 9655 HONEYBELL CIRCLE BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTER, HARVEY 9760 LEMONWOOD DR. BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITZKOWITZ, MARVIN 9793 LEMONWOOD COURT BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTNOY, JULES 9584 HONEY BELL CIR. BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KURTZMAN, JAMES 9872 LEMONWOOD WAY BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERSHKOWITZ, SAM 7717 CHERRY BLOSSOM ST BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	900136464779 09/30/08--01009--003 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Molina, Lorence 9538 Cherry Blossom Ct. Boynton Bch. FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rosenberg, Dolores 7881 Limestone #3 Boynton Beach FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wohl, Robert A 9760 Lemonwood Dr. Boynton Beach FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Paris, Roland 9632 Honeybell Cir. Boynton Beach FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosenfeld, Howard 9545 Cherry Blossom Terr. Boynton Bch. FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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 #

Roland Paris

9/22/08

561-733-8746