

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90037 047 ****61.25

DOCUMENT # N97000005991

1. Entity Name

BOYNTON OCEAN DISTRICT ASSOCIATION, INC.



Principal Place of Business

**618 E OCEAN AVE
BOYNTON BEACH FL 33435
US**

Mailing Address

**618 EAST OCEAN AVENUE
BOYNTON BEACH FL 33435**

94013334



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0798446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAU, RANDY
618 EAST OCEAN AVENUE
BOYNTON BEACH FL 33435**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 ☐ Delete
NAME **FOOT, VIRGINIA**
STREET ADDRESS **638 EAST OCEAN AVENUE**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Delete
NAME **VPD FRANCIS, CHRISTINE**
STREET ADDRESS **115 S FEDERAL**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Delete
NAME **T RAU, RANDY**
STREET ADDRESS **618 E OCEAN AVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Delete
NAME **PD CONTI, KRISTEN OK**
STREET ADDRESS **532 EAST OCEAN AVENUE**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☒ Delete
NAME **VP LEWKOWICZ, MAURY**
STREET ADDRESS **640 EAST OCEAN AVENUE**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Delete
NAME **SECRETARY GARNESY, WENDY**
STREET ADDRESS **700 CASA LOMA BVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT + CHAIRPERSON** ☒ Change ☐ Addition
NAME **CHRISTINE FRANCOIS**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **KERWIN JERRY**
STREET ADDRESS **415 BOYNTON BEACH BVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Randy Rau

RANDY RAU

2/10/04 561 732 3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #