

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90075 033 ****61.25

DOCUMENT # N98000003861 1. Entity Name BOYNTON CENTER NO. 2 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1002 SIESTA AVE BOYNTON BEACH, FL 33426-4375				Mailing Address 1002 SIESTA AVE BOYNTON BEACH, FL 33426-4375	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01092004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1508295	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FISH, DORIS 305 E OCEAN AVE #201 BOYNTON BEACH, FL 33435			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 <u><i>Doris R. Fish</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>04-12-04</u>					
Filing Fee is \$81.25 Due by May 1, 2004		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONN, CHARLES		NAME		
STREET ADDRESS	305 E OCEAN AVE #205		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH, FL 33435		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCFERREN, ROBERT		NAME		
STREET ADDRESS	4218 NW 3RD AVE		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH, FL 33435		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISH, DORIS		NAME		
STREET ADDRESS	305 E OCEAN AVE #201		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH, FL 33435		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELLMAN, LISA		NAME		
STREET ADDRESS	130 W OCEAN AVE		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH, FL 33435		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u><i>Doris R. Fish</i></u> Date <u>4-12-04</u> Daytime Phone # _____					