2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# N98000003861

Entity Name: BOYNTON CENTER NO. 2 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

305 E OCEAN AVE
204
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

305 E OCEAN AVE
204
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 59-1508295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHANK, JANIS
305 E OCEAN AVE
204
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KUIPER, RYAN	
Address:	305 E OCEAN AVE # 103	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	VPD	( ) Delete
Name:	MCFERREN, ROBERT	
Address:	901 NW 6TH AVE	
City-St-Zip:	BOCA RATON, FL 334322524	
Title:	SD	( ) Delete
Name:	SHANK, JANIS	
Address:	305 E OCEAN AVE # 204	
City-St-Zip:	BOYNTON BEACH, FL 334354437	
Title:	TD	( ) Delete
Name:	WELLMAN, LISA	
Address:	130 W OCEAN AVE	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	D	(X) Delete
Name:	BRAY, CYNTHIA	
Address:	7567 BRUNSON DR	
City-St-Zip:	LAKE WORTH, FL 33467	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN SHANK SEC 05/08/2009

Electronic Signature of Signing Officer or Director — Date