

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90038 040 ***150.00

DOCUMENT # P05000019373					
1. Entity Name BOYNTON BEACH XXIV CORPORATION					
Principal Place of Business 1600 SAWGRASS CORP PKWY SUITE 300 FORT LAUDERDALE, FL 33323			Mailing Address 1600 SAWGRASS CORP PKWY SUITE 300 FORT LAUDERDALE, FL 33323		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 20-2344401	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, MARK F ESQ. 200 EAST BROWARD BLVD., 15TH FLOOR FORT LAUDERDALE, FL 33301			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)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME ITZHAK, EZADETH STREET ADDRESS 1600 SAWGRASS CORP PKWY SUITE 300 CITY - ST - ZIP FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete		TITLE PD NAME EZRAITI, ITZHAK STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY - ST - ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME FANT, ALAN J STREET ADDRESS 1600 SAWGRASS CORP PKWY., SUITE 200 CITY - ST - ZIP FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete		TITLE VS NAME FANT, ALAN J STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY - ST - ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME COSTELLO, RICHARD A STREET ADDRESS 1600 SAWGRASS CORP PKWY SUITE 300 CITY - ST - ZIP FORT LAUDERDALE, FL 33323	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MENEDEZ, MARIA N STREET ADDRESS 1600 SAWGRASS CORP PKWY SUITE 300 CITY - ST - ZIP FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete		TITLE VT NAME MENENDEZ, N. MARIA STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY - ST - ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME GOBRAN, PAUL STREET ADDRESS 1600 SAWGRASS CORP PKWY SUITE 300 CITY - ST - ZIP FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete		TITLE S NAME CORBAN, PAUL STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY - ST - ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE V NAME NORWALK, RICHARD M. STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY - ST - ZIP SUNRISE, FL 33323	<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 607, 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:			N. MARIA MENENDEZ, VICE PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/27/07		
Date			954-753-1730		
Daytime Phone #			954-753-1730		