

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09343

**FILED**  
**Feb 22, 2017**  
**Secretary of State**  
**CC9415718664**

**Entity Name:** BOYNTON BEACH DISTRIBUTION CENTER MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

9480 S MILITARY TRAIL  
SUITE 4A  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

9480 S MILITARY TRAIL  
SUITE 4A  
BOYNTON BEACH, FL 33436

**FEI Number: 83-0349435**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DANIELS, STEVEN L  
515 N FLAGLER DRIVE  
6TH FLOOR  
WEST PALM BEACH, FL 33401 US

*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

**Officer/Director Detail :**

Title D  
Name BEKKERS, PETRA DIRECTOR  
Address 2900 N W COMMERCE PARK DR. #1  
City-State-Zip: BOYNTON BEACH FL 33426

Title D  
Name BEKKERS, PETER  
Address 2900 NORTHWEST COMMERCE PARK DR., #1  
City-State-Zip: BOYNTON BEACH FL 33426

Title D  
Name KNOBBE, NITA L  
Address 9480 S MILITARY TRAIL 4A  
City-State-Zip: BOYNTON BEACH FL 33436

*I hereby 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 all other like empowered.*

**SIGNATURE: NITA L. KNOBBE**

**D**

**02/22/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date