

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09343

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

**FILED**  
**Mar 07, 2024**  
**Secretary of State**  
**8584976907CC**

**Current Principal Place of Business:**

333 CAMINO GARDENS BLVD  
SUITE 201  
BOCA RATON, FL 33432

**Current Mailing Address:**

333 CAMINO GARDENS BLVD  
SUITE 201  
BOCA RATON, FL 33432 US

**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 6574 NS RD 7  
449  
City-State-Zip: COCONUT CREEK FL 33073

Title D  
Name BEKKERS, PETER  
Address 6574 NS RD 7  
449  
City-State-Zip: COCONUT CREEK FL 33073

Title DR  
Name SOLIMINE JR, NICHOLAS  
Address 333 CAMINO GARDENS BLVD  
SUITE 201  
City-State-Zip: BOCA RATON FL 33432

*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: NICHOLAS SOLIMINE JR**

**DIRECTOR**

**03/07/2024**

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

\_\_\_\_\_  
Date