

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 18, 2009  
Secretary of State**

DOCUMENT# N01378

Entity Name: BOYNTON COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PRINCIPAL REAL ESTATE INVESTORS, LLC  
801 GRAND AVE  
DES MOINES, IA 50392 XX

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PRINCIPAL REAL ESTATE INVESTORS, LLC  
801 GRAND AVE  
DES MOINES, IA 50392 XX

**New Mailing Address:**

FEI Number: 42-0127290      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PSTD ( ) Delete  
Name: JACAVINO, RICHARD  
Address: 801 GRAND AVE  
City-St-Zip: DES MOINES, IA 50392

Title: VPD ( ) Delete  
Name: TALBOT, RICK  
Address: 801 GRAND AVE.  
City-St-Zip: DES MOINES, IA 50392

Title: D ( ) Delete  
Name: MASON, FRANK  
Address: C/O LOWE'S COMPANIES, INC., HWY 268 E  
City-St-Zip: NORTH WILKESBORO, NC 28659

Title: D ( ) Delete  
Name: HAMILTON, NEAL  
Address: C/O LOWE'S COMPANIES, INC., HWY 268 E  
City-St-Zip: NORTH WILKESBORO, NC 28659

Title: D ( ) Delete  
Name: BURKHART, KARA  
Address: 801 GRAND AVE  
City-St-Zip: DES MOINES, IA 50392

**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: ROBERT ROEPSCH

ADM

02/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date