

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01378

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

**FILED**  
**Mar 21, 2019**  
**Secretary of State**  
**8112438823CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P.O. BOX 813577  
HOLLYWOOD, FL 33081 US

**FEI Number: 30-0883210**

**Certificate of Status Desired: No**

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

GREENE, MURRAY S  
4117 CLEVELAND STREET  
HOLLYWOOD, FL 33021 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: MURRAY GREENE**

**03/21/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name FRITZ, COURTNEY  
Address 801 GRAND AVE  
City-State-Zip: DES MOINES IA 50392

Title STD  
Name KERR, CATHY  
Address 801 GRAND AVE.  
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR  
Name WILLIAMSON, CHARLES  
Address C/O LOWE'S CO. INC., 1605 CURTIS BRIDGE RD  
City-State-Zip: WILKESBORO NC 28697

Title PD  
Name MOSES, ALLYSON  
Address 801 GRAND AVE  
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR  
Name NASS, CORY  
Address 1501 CORPORATE DRIVE SUITE 230  
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR  
Name WALKER, CHUCK  
Address 1740 CORPORATE DRIVE  
City-State-Zip: BOYNTON BEACH FL 33426

*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: ALLYSON MOSES**

**PRESIDENT**

**03/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date