


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01378 1. Entity Name BOYNTON COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 4444 ST CATHERINE WEST #100 WESTMOUNT, QUEBEC, h3z-1r2 CA	Mailing Address 4444 ST CATHERINE WEST #100 WESTMOUNT, QUEBEC, h3z-1r2 CA
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DO NOT WRITE IN THIS SPACE

FILED

05 APR 27 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DALFEN, MURRAY
STREET ADDRESS	4444 ST CATHERINE WEST #100
CITY-ST-ZIP	WESTMOUNT, QUEBEC CANADA, h3z 1r2
TITLE	VPD
NAME	ALTSHULER, BARRY
STREET ADDRESS	250 AUSTRALIAN AVE SO., #400
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SD
NAME	VON STEIN, CHARLES H
STREET ADDRESS	1600 S. FEDERAL HWY, #200
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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100054223491

05/10/05--01079--006 **70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Murray Dalfen Murray Dalfen APR 11, 2005 514-938-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #