


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90170 004 ****61.25

DOCUMENT # N47131		
1. Entity Name BOCA RATON COMPUTER SOCIETY, INC.		

Principal Place of Business 436 SW 4TH AVE BOYNTON BEACH, FL 33435 US	Mailing Address 436 SW 4TH AVE BOYNTON BEACH, FL 33435 US
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2. Principal Place of Business - No P.O. Box # <i>5030 Champion Blvd</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc. <i>Gr 6 - #202</i>	Suite, Apt. #, etc.
City & State <i>Boca Raton</i>	City & State
Zip <i>33496-2473</i>	Country <i>USA</i>

01112008	Chg-NP	CR2E037 (12/06)
4. FEI Number 65-0322952	Applied For Not Applicable	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND BLVD. PLANTATION, FL 33324	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL
Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLOGH, ROBERT 1727 WOODFERN DR BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerald NADITCH 7075 VIVALDI LANE DELRAY BEACH FL 33446 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTSTEIN, GERALD 6361 VIA VENETIA, NORTH DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Charles BENDER 23243 BLUE WATER CIR APT B 323 BOCA RATON FL 33433 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRUPOWIES, LORRAINE M. -436 SW 4TH AVE. BOYNTON BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEROME BARTLOFF 7785 DUNDEE LANE DELRAY BEACH FL 33446 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, RICHARD 7470 SAN CLEMENTE PL BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DINERMAN, GERALD 5300 GREYBIRCH LN BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRUMLAUF, LOU 6515 KENSINGTON LN DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Lorraine M. Krupowies* *4/30/08* *561-734-5985*
 LORRAINE M. KRUPOWIES