

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-22-2006 90015 033 ****70.00



1st MOORE CR2E037 (10/05)

DOCUMENT # 761092					
1. Entity Name THE AMERICAN SOCIETY OF RETIRED DENTISTS, INC.					
Principal Place of Business 20283 STATE RD 7 300 BOCA RATON FL 33498		Mailing Address 20283 STATE RD 7 300 BOCA RATON FL 33498			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2177813	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACKLER, HARRY 11050 BOCA WOODS LANE BOCA RATON FL 33428			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 <i>Harry Mackler</i>					DATE <i>Feb 10 06</i>
FILE NOW - FEE IS \$61.25 - Due By May 1, 2006			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
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRASNE, ALVIN		NAME		
STREET ADDRESS	10135 DIAMOND LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RING, MALVIN DR		NAME		
STREET ADDRESS	FARNAM N-4013		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACKLER, HARRY		NAME		
STREET ADDRESS	11050 BOCA WOODS LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACKLER, HARRY		NAME		
STREET ADDRESS	11050 BOCA WOODS LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Harry Mackler</i>			president March 8 06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAY		



FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATTACHMENT
06004349

February 24, 2006

THE AMERICAN SOCIETY OF RETIRED DENTISTS, INC.
20283 STATE RD 7
300
BOCA RATON, FL 33498

Subject: **THE AMERICAN SOCIETY OF RETIRED DENTISTS, INC.**

Reference Number: **761092**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION