

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69339

FILED  
Jan 04, 2011  
Secretary of State

Entity Name: BOB SAXON ASSOCIATES, INC.

**Current Principal Place of Business:**

651 SEABREEZE  
FORT LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CAMPERS & NICHOLSONS USA, INC.  
450 ROYAL PALM WAY  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 65-0106615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FINKBEINER, RACHEL  
C/O CAMPER & NICHOLSONS USA, INC.  
450 ROYAL PALM WAY  
PALM BEACH, FL 33480 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: V  
Name: MONTGOMERY, JILLIAN  
Address: #7 517 SW 17TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: S  
Name: FINKBEINER, RACHEL  
Address: 3800 EMBASSY DR  
City-St-Zip: WEST PALM BEACH, FL 33401

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RACHEL FINKBEINER

S

01/04/2011

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

\_\_\_\_\_  
Date