

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

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90361 035 ****61.25

DOCUMENT # **N 01000005654**

1. Entity Name

BOCA RATON CHAPTER OF SPESBSA
INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8808 BARRIMORE LANE

3. Mailing Address

8808 BARRIMORE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33437

Country

USA

Zip

33437

Country

USA

4. FEI Number

65-1131810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
MYRON P YAVITS

Street Address (P.O. Box Number is Not Acceptable)

8808 BARRIMORE LANE

City

BOYNTON BEACH

FL

Zip Code

33437

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
MITCHELL WAHRAM
2220 N AUSTRALIAN AVE 401N
W PALM BEACH, FL 33407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
RONALD DIAS
301 TIMBERWOOD COURT
PALM BEACH GOLF FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
EDGAR HART
6169 PETALUMA
BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
MYRON P YAVITS
8808 BARRIMORE LANE
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

MYRON P YAVITS 4/19/06