

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90159 035 ****61.25

DOCUMENT # N01328

1. Entity Name
BOCA GLADES MASTER ASSOCIATION, INC.



Principal Place of Business
**8489 BOCA GLADES BLVD. E.
BOCA RATON, FL 33434 US**

Mailing Address
**8489 BOCA GLADES BLVD. E.
BOCA RATON, FL 33434 US**

50024466



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2377004

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRIME MGMT. GROUP, INC.
6300 PARK OF COMMERCE BLVD.
STE 200
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **HUME + JOHNSON**
Street Address (P.O. Box Number is Not Acceptable)
1401 UNIVERSITY DR. Suite 301
City **CORAL GABLES** FL Zip Code **33071**

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

3/7/05

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

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 PD
NAME **KNOTT, THOMAS E** ☐ Delete
STREET ADDRESS **8275 BOCA GLADES BLVD.**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE T
NAME **KAPLOWITZ, IKE** ☐ Delete
STREET ADDRESS **8378 C BOCA GLADES BLVD W**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE S
NAME **BAUM, MANEK KURCH** ☐ Delete
STREET ADDRESS **8330 BOCA GLADES BLVD. E**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE VP
NAME **BECKER, SID** ☐ Delete
STREET ADDRESS **8300 BOCA GLADES BLV. E.**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

KEVIN A. PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/05 **665-466-6074**
Daytime Phone #