
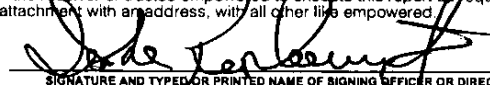


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90049 025 ****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	
2. Principal Place of Business - No P.O. Box # c/o Benchmark Property Mgmt 7932 Wiles Road Suite, Apt. #, etc. City & State Coral Springs FL Zip 33067 Country USA		3. Mailing Address c/o Benchmark Property Mgmt 7932 Wiles Road Suite, Apt. #, etc. City & State Coral Springs FL Zip 33067 Country USA	
4. FEI Number 59-2377004		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUME & JOHNSON 1401 UNIVERSITY DR SUITE 301 CORAL GABLES, FL 33071		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 PD NAME KNOTT, THOMAS E STREET ADDRESS 8275 BOCA GLADES BLVD. CITY-ST-ZIP BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE P NAME Kapiowitz, Ike STREET ADDRESS 837 B C Boca Glades Blvd. W CITY-ST-ZIP Boca Raton FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME KAPLOWITZ, IKE STREET ADDRESS 8378 C BOCA GLADES BLVD W CITY-ST-ZIP BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE S NAME Scharak, Lisa STREET ADDRESS 8625 Boca Glades Blvd. W CITY-ST-ZIP Boca Raton FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME BAUM, MANEK KURCH STREET ADDRESS 8330 BOCA GLADES BLVD. E CITY-ST-ZIP BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE VP 1st NAME Becker, Sidney STREET ADDRESS 8300 Boca Glades Blvd. E CITY-ST-ZIP Boca Raton FL 33434	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME BECKER, SID STREET ADDRESS 8300 BOCA GLADES BLV. E. CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE VP 2nd NAME Maring, Thomas STREET ADDRESS 8257 Boca Glades Blvd. E CITY-ST-ZIP Boca Raton FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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: 		4/10/07 Date Daytime Phone #	