


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90111 004 ****61.25

DOCUMENT # N02040	
1. Entity Name	
BOCA RATON MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
C/O FAIRMAN & ASSOCIATES 4281 N.W. 1ST AVENUE BOCA RATON FL 33431	C/O FAIRMAN & ASSOCIATES 4281 N.W. 1ST AVENUE BOCA RATON FL 33431

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

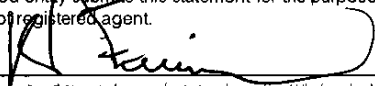


1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For
59-2395864		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input type="checkbox"/>		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FAIRMAN, WILLIAM MR C/O FAIRMAN & ASSOCIATES 4281 N.W. 1ST AVENUE BOCA RATON FL 33431	Name
	FAIRMAN & ASSOCIATES
	Street Address (P.O. Box Number is Not Acceptable)
	4281 NW 1ST AVE
	City
	BOCA RATON
	FL
	Zip Code
	33431

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  (NOTE: Registered Agent signature required when reinstating) **DATE**

FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUY, CHAMPION	NAME	
STREET ADDRESS	1050 NW 15TH STREET #110	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESTENBERG, HOWARD DR	NAME	
STREET ADDRESS	1050 NW 15TH ST #109	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICH, MARK	NAME	
STREET ADDRESS	1050 N.W. 15TH ST. #215	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	KASTIN, BRUCE
STREET ADDRESS		STREET ADDRESS	1050 NW 15TH ST #216A
CITY-ST-ZIP		CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	COHEN, SID
STREET ADDRESS		STREET ADDRESS	1050 NW 15TH ST #113A
CITY-ST-ZIP		CITY-ST-ZIP	BOCA RATON FL 33486
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 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **Daytime Phone #**