

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90025 050 ****61.25

DOCUMENT # N02040

1. Entity Name

**BOCA RATON MEDICAL PLAZA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**C/O FAIRMAN & ASSOCIATES
4281 N.W. 1ST AVENUE
BOCA RATON FL 33431**

Mailing Address

**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 (10/05)

4. FEI Number

59-2395864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 ☐ Delete
NAME GUY, CHAMPION
STREET ADDRESS 1050 NW 15TH STREET #110
CITY-ST-ZIP BOCA RATON FL 33486

TITLE SD ☐ Delete
NAME KESTENBERG, HOWARD DR
STREET ADDRESS 1050 NW 15TH ST #109
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VPD ☒ Delete
NAME MCCORMICH, MARK
STREET ADDRESS 1050 N.W. 15TH ST. #215
CITY-ST-ZIP BOCA RATON FL 33486

TITLE TD ☐ Delete
NAME KASTIN, BRUCE
STREET ADDRESS 1050 NW 15TH ST #216A
CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☒ Delete
NAME COHEN, SID
STREET ADDRESS 1050 NW 15TH ST #113A
CITY-ST-ZIP BOCA RATON FL 33486

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 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

[Handwritten Signature]