


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90027 031 \*\*\*\*61.25

<b>DOCUMENT # N02040</b>	
1. Entity Name <b>BOCA RATON MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.</b>	

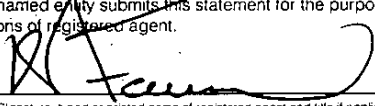
Principal Place of Business <b>C/O FAIRMAN &amp; ASSOCIATES 4281 N.W. 1ST AVENUE BOCA RATON, FL 33431</b>	Mailing Address <b>C/O FAIRMAN &amp; ASSOCIATES 4281 N.W. 1ST AVENUE BOCA RATON, FL 33431</b>
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2. Principal Place of Business - No P.O. Box # <b>1651 NW 1st Court</b>	3. Mailing Address <b>1651 NW 1st Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>
Zip <b>33432</b>	Country <b>USA</b>
Zip <b>33432</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>FAIRMAN, WILLIAM MR C/O FAIRMAN &amp; ASSOCIATES 4281 N.W. 1ST AVENUE BOCA RATON, FL 33431</b>	
7. Name and Address of New Registered Agent Name <b>William Fairman</b> Street Address (P.O. Box Number is Not Acceptable) <b>1651 NW 1st Court</b> City <b>Boca Raton</b> FL <b>33432</b>	

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUY, CHAMPION 1050 NW 15TH STREET #110 BOCA RATON, FL 33486 <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	SD KESTENBERG, HOWARD DR 1050 NW 15TH ST #109 BOCA RATON, FL 33486 <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	TD KASTIN, BRUCE 1050 NW 15TH ST #216A BOCA RATON, FL 33486 <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
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:**  **2-20-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40045134



01082008 Chg-NP CR2E037 (12/06)