2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2007 8:00 am
Secretary of State
05-01-2007 90015 017 ****61.25

DOCUMENT # N05000007217

1. Entity Name

BOCAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
250 S. AUSTRALIAN AVE, SUITE 1003 WEST PALM BEACH FL 33401	250 S. AUSTRALIAN AVE, SUITE 1003 WEST PALM BEACH FL 33401

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
777 S. Flagler Dr.	777 S. Flagler Dr.
Suite, Apt. #, etc.: Suite 215E	Suite, Apt. #, etc.: Suite 215 E
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. FEI Number: 20-4317645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLESINGER, ADAM
250 S. AUSTRALIAN AVE, SUITE 1003
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: Same

Street Address (P.O. Box Number is Not Acceptable): 777 S. Flagler Suite 215-E

City: West Palm Beach FL Zip Code: 33401

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)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHLESINGER, ADAM 250 S. AUSTRALIAN AVE, SUITE 1003 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 777 So. Flagler Dr. Suite 215E West Palm Beach, FL 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHLESINGER, RICHARD 250 S. AUSTRALIAN AVE, SUITE 1003 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 777 So. Flagler Dr, Suite 215E
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHLESINGER, LESLIE 250 S. AUSTRALIAN AVE, SUITE 1003 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 777 S. Flagler Dr., Suite 215E
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____

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