

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90265 005 ****61.25

DOCUMENT # N05000007217						
1. Entity Name BOCAR CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 777 S. FLAGLER DR. SUITE 215E WEST PALM BEACH, FL 33401			Mailing Address 777 S. FLAGLER DR. SUITE 215E WEST PALM BEACH, FL 33401			
2. Principal Place of Business - No P.O. Box # 1801 S. Australian Ave		3. Mailing Address 1801 S. Australian Ave				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State West Palm Beach FL		City & State West Palm Beach FL		4. FEI Number 20-4317645		
Zip 33409		Country		Applied For Not Applicable		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent SCHLESINGER, ADAM 777 S. FLAGLER SUITE 215-E WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 S. Australian Ave City West Palm Beach FL Zip Code 33409			
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)						
Filing Fee is \$61.25 Due by May 1, 2008		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	NAME SCHLESINGER, ADAM		☐ Delete	TITLE 	☒ Change ☐ Addition	
STREET ADDRESS 777 SO. FLAGLER DR. SUITE 215E	CITY - ST - ZIP WEST PALM BEACH, FL 33401			STREET ADDRESS 1801 S. Australian Ave	CITY - ST - ZIP West Palm Beach FL 33409	
TITLE VD	NAME SCHLESINGER, RICHARD		☐ Delete	TITLE 	☒ Change ☐ Addition	
STREET ADDRESS 777 SO. FLAGLER DR. SUITE 215E	CITY - ST - ZIP WEST PALM BEACH, FL 33401			STREET ADDRESS 1801 S. Australian Ave	CITY - ST - ZIP West Palm Beach FL 33409	
TITLE STD	NAME SCHLESINGER, LESLIE		☐ Delete	TITLE 	☒ Change ☐ Addition	
STREET ADDRESS 777 S. FLAGLER DR. SUITE 215E	CITY - ST - ZIP WEST PALM BEACH, FL 33401			STREET ADDRESS 1801 S. Australian Ave	CITY - ST - ZIP West Palm Beach FL 33409	
TITLE 	NAME 		☐ Delete	TITLE 	☐ Change ☐ Addition	
STREET ADDRESS 	CITY - ST - ZIP 			STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		☐ Delete	TITLE 	☐ Change ☐ Addition	
STREET ADDRESS 	CITY - ST - ZIP 			STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		☐ Delete	TITLE 	☐ Change ☐ Addition	
STREET ADDRESS 	CITY - ST - ZIP 			STREET ADDRESS 	CITY - ST - ZIP 	
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: _____						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date						
Daytime Phone #						