

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

FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90415 050 ****61.25

DOCUMENT # N05000007224 1. Entity Name BOCARA MASTER ASSOCIATION, INC.					
Principal Place of Business 250 S. AUSTRALIAN AVE., STE. 1003 WEST PALM BEACH FL 33401			Mailing Address 250 S. AUSTRALIAN AVE., STE. 1003 WEST PALM BEACH FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-4317598				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., STE. 1003 WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP		TITLE	☐ Change ☐ Addition	
NAME	SCHLESINGER, ADAM		NAME		
STREET ADDRESS	250 S. AUSTRALIAN AVE., STE. 1003		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH FL 33401		CITY- ST- ZIP		
TITLE	DV		TITLE	☐ Change ☐ Addition	
NAME	SCHLESINGER, RICHARD		NAME		
STREET ADDRESS	250 S. AUSTRALIAN AVE., STE. 1003		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH FL 33401		CITY- ST- ZIP		
TITLE	DST		TITLE	☐ Change ☐ Addition	
NAME	SCHLESINGER, LESLIE		NAME		
STREET ADDRESS	250 S. AUSTRALIAN AVE., STE. 1003		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH FL 33401		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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 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 #					