2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90265 004 ****61.25

DOCUMENT # N05000007224

1. Entity Name
BOCAR MASTER ASSOCIATION, INC.

400978 9 7

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

04142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1801 S. Australian Ave	1801 S. Australian Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach FL	City & State: West Palm Beach FL
Zip: 33409 Country	Zip: 33409 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	7. Name and Address of New Registered Agent
SCHLESINGER, ADAM 250 S. AUSTRALIAN AVE., STE. 1003 WEST PALM BEACH, FL 33401	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCHLESINGER, ADAM 250 S. AUSTRALIAN AVE., STE. 1003 WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1801 S. Australian Ave West Palm Beach FL 33409	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCHLESINGER, RICHARD 250 S. AUSTRALIAN AVE., STE. 1003 WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1801 S. Australian Ave West Palm Beach FL 33409	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SCHLESINGER, LESLIE 250 S. AUSTRALIAN AVE., STE. 1003 WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1801 S. Australian Ave West Palm Beach FL 33409	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
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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 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 #