

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009419

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: BOCA RATON TAX INSTITUTE, INC.

**Current Principal Place of Business:**

225 NE MIZNER BLVD  
685  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

225 NE MIZNER BLVD  
685  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 20-5581710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANN & WOLF, LLP  
55 N.E. 5TH AVE.  
SUITE 500  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARLEN, ROBERT M ESQ  
Address: 110 E ATLANTIC AVE 330  
City-St-Zip: DELRAY BEACH, FL 33444

Title: V ( ) Delete  
Name: WOLF, ROBERT M ESQ  
Address: 55 NE 5TH AVE 500  
City-St-Zip: BOCA RATON, FL 33432

Title: ST (X) Delete  
Name: HORWIN, MARJORIE  
Address: 225 NE MIZNER BLVD 685  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WOLF, ROBERT M ESQ  
Address: 55 NE 5TH AVE, SUITE 500  
City-St-Zip: BOCA RATON, FL 33432

Title: ST (X) Change ( ) Addition  
Name: HORWIN, MARJORIE A CPA  
Address: 225 NE MIZNER BLVD, SUITE 685  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE A. HORWIN

ST

03/26/2009

Electronic Signature of Signing Officer or Director

Date