


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90417 021 \*\*\*\*61.25

**DOCUMENT # N15230**

1. Entry Name  
**ASCOT PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**ASCOT PROPERTY OWNERS**  
**6300 PARK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487**

Mailing Address  
**ASCOT PROPERTY OWNERS**  
**6300 PARK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487**

40011000



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2734199**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**ASCOT PROPERTY OWNERS & ASSOC**  
**6300 PARK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487**

**7. Name and Address of New Registered Agent**  
 Name **Baker Law Firm**  
 Street Address (P.O. Box Number is Not Acceptable) **400 South Dixie Hwy**  
**Boca Raton FL 33432**  
 City **The Arbor Suite 420 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 reinstating)

**Filing 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	P GLUCKSTERN, ALLAN J 5448 ASCOT BEND BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>✓</del> MILLER, NATHAN <b>S/T</b> <input type="checkbox"/> Delete 5317 ASCOT BEND BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>✓</del> HURVITZ, ARNOLD <b>D</b> <input type="checkbox"/> Delete 5340 ASCOT BEND BOCA RATON, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>✓</del> HELET, ROBERT <input checked="" type="checkbox"/> Delete 5353 ASCOT BENT BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>✓</del> EICHLER, MILTON <b>ASST S/T</b> <input type="checkbox"/> Delete 5334 ASCOT BEND BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PRICE, HOWARD 5479 ASCOT BEND BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>VP</b> HARVEY HARRIS 5473 ASCOT BEND BOCA RATON, FL 33496	
		<b>D</b> Judy Weinstein 5311 ASCOT BEND BOCA RATON, FL 33496	

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 such as all other like empowered.

**SIGNATURE:**  **PRES. ALLAN J. GLUCKSTERN** 4/7/07 561-997-2990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #