


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90001 023 \*\*\*\*61.25

<b>DOCUMENT # N15230</b>					
1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03042008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2734199	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required -	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BACKER LAW FIRM 400 SOUTH DIXIE HWY THE AIBOR SUITE BOCA RATON, FL 33432			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUCKSTERN, ALLAN J		NAME	Dr. HARVEY HARRIS	
STREET ADDRESS	5448 ASCOT BEND		STREET ADDRESS	5473 ASCOT BEND	
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	VICE Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, NATHAN		NAME	HOWARD PRICE	
STREET ADDRESS	5317 ASCOT BEND		STREET ADDRESS	5479 ASCOT BEND	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURVITZ, ARNOLD		NAME	Allan Gluckstern	
STREET ADDRESS	5340 ASCOT BEND		STREET ADDRESS	5448 Ascot Bend	
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, HARVEY		NAME	Judith Winsted	
STREET ADDRESS	5473 ASCOT BEND		STREET ADDRESS	5311 Ascot Bend	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHLER, MILTON		NAME		
STREET ADDRESS	5334 ASCOT BEND		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, HOWARD		NAME		
STREET ADDRESS	5479 ASCOT BEND		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		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: <i>Dr. Harvey Harris</i>		DR. HARVEY HARRIS		3/11/08 561 897 6802	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	