


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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|--|--|---|---|---|--|
| DOCUMENT # N15230 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 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required - | |
| 6. Name and Address of Current Registered Agent BACKER LAW FIRM 400 SOUTH DIXIE HWY THE AIBOR SUITE BOCA RATON, FL 33432 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 P NAME GLUCKSTERN, ALLAN J STREET ADDRESS 5448 ASCOT BEND CITY-ST-ZIP BOCA RATON, FL | <input checked="" type="checkbox"/> Delete | | TITLE PRES NAME DR. HARVEY HARRIS STREET ADDRESS 5473 ASCOT BEND CITY-ST-ZIP BOCA RATON FL 33496 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE ST NAME MILLER, NATHAN STREET ADDRESS 5317 ASCOT BEND CITY-ST-ZIP BOCA RATON, FL 33496 | <input type="checkbox"/> Delete | | TITLE VICE PRES NAME HOWARD PRICE STREET ADDRESS 5479 ASCOT BEND CITY-ST-ZIP BOCA RATON FL 33496 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME HURVITZ, ARNOLD STREET ADDRESS 5340 ASCOT BEND CITY-ST-ZIP BOCA RATON, FL | <input type="checkbox"/> Delete | | TITLE D NAME Allan Gluckstern STREET ADDRESS 5448 Ascot Bend CITY-ST-ZIP BOCA RATON, FL 33496 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME HARRIS, HARVEY STREET ADDRESS 5473 ASCOT BEND CITY-ST-ZIP BOCA RATON, FL 33496 | <input checked="" type="checkbox"/> Delete | | TITLE D NAME Julia W. Wooten STREET ADDRESS 5311 Ascot Bend CITY-ST-ZIP BOCA RATON FL 33496 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE ST NAME EICHLER, MILTON STREET ADDRESS 5334 ASCOT BEND CITY-ST-ZIP BOCA RATON, FL 33496 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME PRICE, HOWARD STREET ADDRESS 5479 ASCOT BEND CITY-ST-ZIP BOCA RATON, FL 33496 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Dr. Harvey Harris</u> 3/11/08 561 897 6802 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |