

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N25868

1. Entity Name
BOCA RATON ROUNDTABLE, INC.



Principal Place of Business
**P.O. BOX 3326
BOCA RATON, FL 33427-3326**

Mailing Address
**P.O. BOX 3326
BOCA RATON, FL 33427-3326**



07242006 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0045868

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HRAWG CORP
1801 N MILITARY TRAIL
SUITE 200
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **EPSTEIN, BARRY**
STREET ADDRESS **11922 WATERWOOD DR.**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **VP**
NAME **BOICE, YVONNE**
STREET ADDRESS **6006 SW 18TH ST B-8**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **T**
NAME **GRAY, RICHARD**
STREET ADDRESS **5255 N FEDERAL HWY**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

**7/24/06 561-242
3400**