

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000070243

1. Entity Name  
STOLTZ PROPERTY MANAGEMENT, INC.



Principal Place of Business  
301 YAMATO RD, SUITE 3101  
BOCA RATON, FL 33431

Mailing Address  
301 YAMATO RD, SUITE 3101  
BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**

FILED  
06 MAY -3 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0882678 90-0114529 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STOLTZ II, MORRIS L  
301 YAMATO RD, SUITE 3101  
BOCA RATON, FL 33431

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STOLTZ, MORRIS L II
STREET ADDRESS	301 YAMATO RD, SUITE 3101
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VP
NAME	STOLTZ, ARCHIE A III
STREET ADDRESS	301 YAMATO RD. STE. 3101
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	T
NAME	REICHENBAUM, RALPH
STREET ADDRESS	301 YAMATO RD. STE. 3101
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VP
NAME	CARROS, JASON
STREET ADDRESS	301 YAMATO RD. STE. 3101
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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 #