

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Northington
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S30598

(4)

1. Corporation Name

BOCA BAR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2300 GLADES RD
STE 415E
BOCA RATON FL 33431
US**

**2300 GLADES RD
STE 415E
BOCA RATON FL 33431
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/08/1991** 3a. Date of Last Report **02/10/1994**

4. FEI Number **59-2068886-65-0255612** Applied For ☐ Not Applicable ☒

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

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

6. Does Corporation have authority for intrastate use under Ch. 490.002, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State Apt # etc

26 State Apt # etc

22 City & State

27 City & State

23 ZIP

28 ZIP

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTIN, FRED W.
2300 GLADES RD
STE 400E
BOCA RATON FL 33431**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(4)(b) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.01(4)(b) Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD
NAME	MATTIN, FRED W.
STREET ADDRESS	2300 GLADES RD, STE 400E
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 of Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Fred W. Mattin
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

FWS
Date

Corporate Seal, etc.