

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # S65426

1. Entity Name
BOCA MANAGEMENT CORPORATION



Principal Place of Business
**120 E. PALMETTO PARK RD.
SUITE 100
BOCA RATON, FL 33432 US**

Mailing Address
**10718 KIRKALDY LANE
BOCA RATON, FL 33498 US**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0280380** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LICHTMAN, JONATHAN J PA
120 E PALMETTO PARK RD
SUITE 100
BOCA RATON, FL 33432-0000**

**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 _____

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, 2004 Fee will be \$550.00**

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

**000000036416
02/06/04-80056-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST LICHTMAN, JONATHAN J. 10718 KIRKALDY LANE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LICHTMAN, BETSY 10718 KIRKALDY LANE BOCA RATON, FL 33498
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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Day/Time Phone #