

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Mar 15 1996 8:00 am  
Secretary of State

DOCUMENT # **709465** (9)

1. Corporation Name

**BOCA RIO GOLF CLUB, INC.**



Principal Place of Business

Mailing Address

22041 BOCA RIO ROAD  
BOCA RATON FL 33433

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BOCA RATON FL 33433

3. Date Incorporated or Qualified  
**08/18/1965**

3a. Date of Last Report  
**01/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1101673**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

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

24

25

Country

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEUTCH, JEFFREY A.  
% BROAD AND CASSEL  
7777 GLADES ROAD, STE. 300  
BOCA RATON FL 33434

81

Name

82

Street Address (P.O. Box not acceptable)  
**600001746206**

83

**03718796--01022--013**

84

City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KORNREICH, MORTON A	
STREET ADDRESS	18323 LONG LAKE DR	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DEUTSCH, ALFRED L	
STREET ADDRESS	7283 MANDARIN DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NELSON, M E	
STREET ADDRESS	12155 NW 30TH ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, NORMAN	
STREET ADDRESS	995 S. OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RICKEN, NORMAN	
STREET ADDRESS	1400 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President <input checked="" type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Weiss, Norman	
1.3 STREET ADDRESS	995 S. Ocean Blvd.	
1.4 CITY-ST-ZIP	DeLray Beach, Fl 33483	
2.1 TITLE	Vice President <input checked="" type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ricken, Norman	
2.3 STREET ADDRESS	1400 S. Ocean Blvd.	
2.4 CITY-ST-ZIP	Boca Raton, Fl. 33432	
3.1 TITLE	Treasurer <input checked="" type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Adler, Robert P.	
3.3 STREET ADDRESS	2385 N.W. 46th St.	
3.4 CITY-ST-ZIP	Boca Raton, Fl. 33431	
4.1 TITLE	Secretary <input checked="" type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cole, Sidney C.	
4.3 STREET ADDRESS	2364 Maya Palm Dr. E	
4.4 CITY-ST-ZIP	Boca Raton, Fl. 33432	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary E Nelson* MARY E NELSON AS 2/23/96 407-482.3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

3-15-1996