FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & Stale



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709465

(9)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

BOCA RIO GOLF CLUB, INC.

Principal Place of Business	Mailing Address
22041 BOCA RIO ROAD	22041 BOCA RIO ROAD
BOCA RATON FL 33433	BOCA RATON FL 33433-1108

27

FILED May 20 1997 8:00am Secretary of State



8. This corporation has liability for intangible tax under s. 199.032,

3a. Date of Last Report 03/15/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

561-482 3300 Daylime Phone 9 0042002

Not Applicable

3. Date incorporated or Qualified 08/18/1965

59-1101673

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

24]	25 2		30			☐ 16\$ ☐ 140	
	9. Name and Address of Current Re	gistered Agent			10. Name and Address of New R	egistered Agent	
			81	Name	•		
DEUTCH	DEUTCH, JEFFREY A.				Address (P.O. Box Number is Not Accepte	ahlaì	
% BROAD AND CASSEL				Olioot,	nuoissa (1.0, box number la 1401 nocopie	ыф	
	ADES ROAD, STE. 300		83			, , , , , , , , , , , , , , , , , , ,	
	ATON FL 33434		ļ				
DOOR IV	A) (1) 1 E (0) (1)		84	City		FL 85 Zip (Code
11. Pursuant i	to the provisions of Sections 617 0502 an	n 617 1508 Florida Statute	s the above	e-named	corporation submits this statement for the		s registered
office or re	egistered agent, or both, in the Stale of F m familiar with, and accept the obligation	orida. Such change was a	uthorized by	the corp	poration's board of directors. I hereby according	ept the appointment as	registered
SIGNATURE	Signature typed or printed name of registered spent and	MOTE AND ADDRESS OF THE PARTY O	B. 300.024			DATE	-
12.	OFFICERS AND DI		13.	eni signatura	required when reinstating) ADDITIONS/CHANGES TO OFF		S IN 12
TITLE	DS OFFICERS AND DI	DELETE	1.1 TITLE	·····		Change	Addition
NAME	COLE, SIDNEY C	Dene 16	1.2 NAME		VP D	Circligo	X
1					Gelb, Ira		
STREET ADDRESS	2364 MAYA PALM DR. E		1.3 STREET		18489 Long Lake Dr.		
CITY-ST-ZIP	BOCA RATON FL 33432	□ pri rze	1.4 CITY - S	T-ZIP	Boca Raton, Fl. 3349		T/L Autronia
TITLE	WECK President D	☐ DELETE	2.1 TITLE	- 1	SEC D	Change	KI Addition
NAME	RICKEN, NORMAN		2.2 NAME		Levine, Alvin E.		
STREET ADDRESS	1400 S. OCEAN BLVD.		2.3 STREET		1500 S. Ocean Blvd.		
CITY - S1 - ZIP	BOCA RATON FL 33432		2.4 CITY-	ST-ZIP	Bocs RAton, F1. 3343		
TILE	AS	☐ DELETE	3.1 TITLE			L. Change	Addition
NAME	NELSON, M E		3.2 NAME		: 1		
STREET ADDRESS	12155 NW 30TH ST		3.3 STREET	ADDRESS	j		
CITY-ST-ZIP	CORAL SPRINGS, FL 00000		3.4. CITY-	SY-ZIP			
TITLE	PD '	DELETE	4.1 TOTLE			☐ Change	Addition
NAME	WEISS, NORMAN		4, 2 NAME	į	• 1		
STREET ADDRESS	995 S. OCEAN BLVD.		4.3 STREET	ADDRESS		•	
CITY-ST-ZIP	DELRAY BEACH FL 33483		4.4 CITY - S	ST- ZIP			
TITLE	TO ,D	☐ DELETE	5.1 TITLE			Change	Addition
NAME	ADLER, ROBERT P		5.2 NAME	İ	·		
STREET ADDRESS	2385 N.W. 46TH ST		5.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431		5.4 CITY-5	ST- Z IP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - 5				
14. I do hereb	by certify that the information supplied wit	h this filing does not qualify	for the exe	mption s	tated in Section 119.07(3)(i), Florida Statut	tes. I further certify that	the
informatio	n indicated on this annual report or suppl	emental annual report is tri	ue and acci	urete and	that my signature shall have the same leg	gal effect as if made und	der oath; that

Country