FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 709465

1. Corporation Name

BOCA RIO GOLF CLUB, INC.

Principal Place of Business								
22041 BOCA RIO								
BOCA RATON FL	33433							

Mailing Address

22041 BOCA RIO ROAD **BOCA RATON FL 33433**

FILED Feb 24, 1999 8:00 am § Secretary of State

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					2 5 / 1 September 2 Overlifeed			
2. Principal Place of Business 22. Mailing Address				3. Date Incorporated or Qualifed 08/18/1965	• • •			
21	1.47.	26				1 12	, , <u>, , , , , , , , , , , , , , , , , </u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 50-1101672	— — · · · ·	olied For	
22		27			59-1101673		Applicable	
City & Stat	ie	City & State				\$8.75 A		
23		28	···			Fee Re	quired -	
Zip	CountryZipCo		Country	ntry 6. Election Campaign Financing		\$5.00	•	
24	25	29 3	0		Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent		
			81	Name				
DEUTCH, JEFFREY A.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
% BROAD AND CASSEL			"	Office Address (F.C. Dox replies to Fock toophasts)				
7777 GLADES ROAD, STE. 300			83			•		
						II		
	TON FL 33434		84	City		FL 85 Zip C		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the above	named cor	poration submits this statement for the purpos	e of changing its	egistered	
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auti	norized by i	ne corporat	ion's board of directors. I hereby accept the a	ppommment as reg	istered.	
•	·							
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Agent	signature requir	ed when reinstating) DATI			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	VPD	☐ DELETE	1.1 TITLE		· ·	Change	Addition	
NAME	GELB. IRA		1.2 NAME					
STREET ADDRESS			1,3 STREET	ADORESS				
	BOCA RATON FL		1.4 CITY-ST		•			
CITY-ST-ZIP TITLE	PD PD	☐ DELETE	2.1 TITLE	-217		Change	Addition	
	l'		2.2 NAME					
NAME	RICKEN, NORMAN							
STREET ADDRESS,			2.3 STREET	1	•			
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-S	r-ZIP		Change	Addition.	
TITLE	AS	DELETE	3.1 TITLE				— <u>(=)</u> /**********	
NAME	NELSON, M E		3.2 NAME					
STREET ADDRESS	12155 NW 30TH ST		3.3 STREET	ADDRESS		•		
CITY-ST-ZIP	CORAL SPRINGS, FL 00000		3.4. CITY-S1	r-ZIP				
TITLE	50	☐ DELETE	4.1 TITLE	0	SD	Change	Addition	
NAME	LEVINE, ALVIN E		4. 2 NAME		Koeppel, Alfred J.			
STREET ADDRESS	1506-S-CCEAN BLVD		4.3 STREET	ADDRESS A	Ool F Coming Post			
CITY-ST-ZIP	DELDAY-DEACH FL-		4.4 CITY-ST	-ZIP E	01 E Camino Real Soca Raton, FI.			
TITLE	TDD	☐ DELETE	5.1 TITLE	1		Change	Addition	
NAME	ADLER, ROBERT P		5.2 NAME					
STREET ADDRESS	2385 N.W. 46TH ST		5.3 STREET	ADDRESS				
	BOCA RATON FL		5.4 CITY-ST	-ZIP				
CITY-ST-ZIP TITLE	DOOR INTON IL	☐ DELETE	6.1 TITLE			Change	Addition	
NAME		- :	6.2 NAME					
			6.3 STREET	ADDRESS		•		
STREET ADDRESS			6.4 CITY-ST					
CITY-ST-ZIP		h this filing doss t life f at			Section 119.07(3)(i), Florida Statutes. I further	certify that the in	formation	
14 I hereby o	certify that the information supplied will	n this ming does not quality for the	ne exemption	ni stated in	Section 1.19.07(3)(1), Florida Statutes. I further	under oath: that I	om on	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made triber out; that it 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 18-it.charged, or on an attachment with an address, with all other like empowered.

199 861-482.3300 Daylirka Phone #