

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 709465**  
 1. Entity Name  
**BOCA RIO GOLF CLUB, INC.**



Principal Place of Business: **22041 BOCA RIO ROAD, BOCA RATON FL 33433**  
 Mailing Address: **22041 BOCA RIO ROAD, BOCA RATON FL 33433**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country  
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**HRAWG CORP.**  
**1801 N MILITARY TRAIL, SUITE 200**  
**BOCA RATON FL 33431**

4. FEI Number: **59-1101673**  
 Applied For / Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**  
 12640

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

**2<sup>nd</sup>** **Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE: PD NAME: TAUB, MELVIN STREET ADDRESS: 120 SE 5TH AVE CITY - ST - ZIP: BOCA RATON FL	<input type="checkbox"/> Delete
TITLE: AS NAME: NELSON, M E STREET ADDRESS: 12155 NW 30TH ST CITY - ST - ZIP: CORAL SPRINGS, FL 00000	<input type="checkbox"/> Delete
TITLE: VD NAME: BUBES, DAVID STREET ADDRESS: 4550 N. PARK AVE CITY - ST - ZIP: BOCA RATON FL	<input type="checkbox"/> Delete
TITLE: TD NAME: MEYERSON, MONROE STREET ADDRESS: 7172 MANDARIN DR 306 CITY - ST - ZIP: BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE: SD NAME: MERSON, ROBERT STREET ADDRESS: 400 SE 5TH AVE CITY - ST - ZIP: BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: *Mary E Nelson* **MARY E NELSON** 2/22/05 561-482-3300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #