2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 709465

FILED Oct 14, 2008 Secretary of State

Entity Name: BOCA RIO GOLF CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 22041 BOCA RIO ROAD BOCA RATON, FL 33433 **Current Mailing Address: New Mailing Address:** 22041 BOCA RIO ROAD BOCA RATON, FL 33433 FEI Number: 59-1101673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HRAWG CORP MERSON, ROBERT M 1801 N MILITARY TRAIL, SUITE 200 22041 BOCA RIO ROAD BOCA RATON, FL 33431 US BOCA RATON, FL 33431 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. SIGNATURE: ROBERT M. MERSON 10/14/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MERSON, ROBERT Name: Name: 400 SOUTHEAST FITH AVENUE Address: Address: City-St-Zip: BOCA RATON, FL 33432 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: SUSAN SODE Name: Address: 233 SEDONA WAY Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 US City-St-Zip: Title: VD () Delete Title: () Change () Addition ZAVIS, MICHAEL Name: Name: 17317 BRIDLEWAY TRAIL Address: Address: City-St-Zip: BOCA RATON, FL 33496 US City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: RICKEN, NORMAN Name: 1400 SOUTH OCEAN BOULEVARD Address: Address: City-St-Zip: BOCA RATON, FL 33432 US City-St-Zip: Title: Title: () Delete () Change () Addition STONE, JOEL Name: Name: 1203 SPANISH RIVER ROAD Address: Address: BOCA RATON, FL 33432 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MERSON PD 10/14/2008