

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709465

FILED
Apr 14, 2009
Secretary of State

Entity Name: BOCA RIO GOLF CLUB, INC.

Current Principal Place of Business:

22041 BOCA RIO ROAD
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

22041 BOCA RIO ROAD
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 59-1101673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERSON, ROBERT M
22041 BOCA RIO ROAD
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MERSON, ROBERT
Address: 400 SOUTHEAST FIFTH AVENUE
City-St-Zip: BOCA RATON, FL 33432 US

Title: AS () Delete
Name: SUSAN SODE
Address: 233 SEDONA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VD () Delete
Name: ZAVIS, MICHAEL
Address: 17317 BRIDLEWAY TRAIL
City-St-Zip: BOCA RATON, FL 33496 US

Title: TD () Delete
Name: RICKEN, NORMAN
Address: 1400 SOUTH OCEAN BOULEVARD
City-St-Zip: BOCA RATON, FL 33432 US

Title: SD () Delete
Name: STONE, JOEL
Address: 1203 SPANISH RIVER ROAD
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ZAVIS, MICHAEL
Address: 17317 BRIDLEWAY TRAIL
City-St-Zip: BOCA RATON, FL 33496 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: STONE, JOEL
Address: 1203 SPANISH RIVER ROAD
City-St-Zip: BOCA RATON, FL 33432

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 M MERSON

PD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date