FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # 755416 (5)

1. Corporation Name
WEST BOCA COMMUNITY COUNCIL, INC.

Principal Place of Business	Mailing Address
23140 S.W. 54TH AVENUE C/O S. KRESCH BOCA RATON FL 33433	23140 S.W. 54TH AVENUE C/O S. KRESCH BOCA RATON FL 33433

3. Date Incorporated or Qualified: 12/08/1980
3a. Date of Last Report: 04/28/1994
4. FEI Number: 75-5416000 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REICH, FRAN
8936 WARWICK DRIVE
BOCA RATON,FLORDIA 33433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☑ Addition
NAME	BRENNER, MILTON	1.2 NAME	
STREET ADDRESS	10935 BOCA WOODS LANE	1.3 STREET ADDRESS	(← SAME)
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	33428
TITLE	S	2.1 TITLE	☐ Change ☑ Addition
NAME	HOLOP, RHODA	2.2 NAME	
STREET ADDRESS	18090 PARK TERRACE	2.3 STREET ADDRESS	(← SAME)
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	33498
TITLE	VD	3.1 TITLE	☐ Change ☑ Addition
NAME	WINIKOFF, JEFFREY	3.2 NAME	
STREET ADDRESS	11364 CHISOLM WAY	3.3 STREET ADDRESS	(← SAME)
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	33428
TITLE	TD	4.1 TITLE	☐ Change ☑ Addition
NAME	KRESCH, SEYMOUR	4.2 NAME	
STREET ADDRESS	23140 SW 54TH AVE	4.3 STREET ADDRESS	(← SAME)
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	33433
TITLE	D	5.1 TITLE	☐ Change ☑ Addition
NAME	BRININ, MILTON	5.2 NAME	
STREET ADDRESS	REXFORD A 3009	5.3 STREET ADDRESS	(← SAME)
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	33434
TITLE	D	6.1 TITLE	☐ Change ☑ Addition
NAME	LEAVITT, DANIEL	6.2 NAME	
STREET ADDRESS	AINSLIE C 4038	6.3 STREET ADDRESS	(← SAME)
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	33434

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Seymour Kresch SEYMOUR KRESCH TREASURER 2/28/95 (407) 482-4739
SIGNATURE AND TITLE OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0040615