

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 4-12-96

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3513

NC

DOCUMENT # 755416

(5)

1. Corporation Name

WEST BOCA COMMUNITY COUNCIL, INC.



Principal Place of Business

23140 S.W. 54TH AVENUE  
C/O S. KRESCH  
BOCA RATON FL 33433

Mailing Address

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  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

29

30

4. FEI Number  
75-5416000

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REICH, FRAN  
8936 WARWICK DRIVE  
BOCA RATON, FLORIDA 33433

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

X

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS BRENNER, MILTON  
CITY-ST-ZIP 10935 BOCA WOODS LANE  
BOCA RATON FL

TITLE ☐ DELETE

NAME S  
STREET ADDRESS HOLOP, RHODA  
CITY-ST-ZIP 18090 PARK TERRACE  
BOCA RATON FL

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS WINIKOFF, JEFFREY  
CITY-ST-ZIP 11364 CHISOLM WAY  
BOCA RATON FL

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS KRESCH, SEYMOUR  
CITY-ST-ZIP 23140 SW 54TH AVE  
BOCA RATON FL

TITLE ☐ DELETE

NAME D  
STREET ADDRESS BRININ, MILTON  
CITY-ST-ZIP REXFORD A 3009  
BOCA RATON FL

TITLE ☐ DELETE

NAME D  
STREET ADDRESS LEAVITT, DANIEL  
CITY-ST-ZIP AINSIE C 4038  
BOCA RATON FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEYMOUR KRESCH,  
TREASURER

3/21/96

X (407) 482-473

CR2E037 (12/95)