FILED 2003 NOT-FOR-PROFIT CORPORATION Aug 01, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # 755416 1. Entity Name 08-01-2003 90063 009 ***150.00 WEST BOCA COMMUNITY COUNCIL, INC. Principal Place of Business Mailing Address 10619 MAPLE CHASE OR 10819 MAPLE CHASE BR. CYO SHERT SCARBOROUGH BOCA RATON FL 33498 BOCA RATON FL 33498 Principal Place of Business hland ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 75-5416000 City & State Applied For DOCO KOYON BOCZ KONON Not Applicable ^{Zip}33428 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REICH, FRAN Street Address (P.O. Box Number is Not Acceptable) 8936 WARWICK DRIVE **BOCA RATON FL 33433** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CD Change TITLE TITLE D ☐ Addition ☐ Delete BRENNER, MILTON NAME STREET ADDRESS 10935 BOCA WOODS LANE CITY-ST-ZIP BOCA RATON FL Delete ☐ Change ☐ Addition TITLE DOBBINS, BARBARA NAME STREET ADDRESS 10803 ASHMONT DR.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** /Delete Change Addition TITLE TITLE WINIKOFF, JEFFREY NAME NAME STREET ADDRESS 11364 CHISOLM WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TVD PID □ Delete TITLE Change ☐ Addition TITLE SCARBOROUGH, SHERI A NAME NAME STREET ADDRESS STREET ADDRESS 10619 MAPLE CHASE DR. CITY-ST-7IP CITY-ST-7IP **BOCA RATON FL 33498** Change TITLE Delete TITLE Addition BON GOLDMAN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted ampowered 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SICHATURE REQUIRED

July 29 2003 541