2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with

SIGNATURE:

Feb 25, 2004 8:00 am Secretary of State DOCUMENT # 759908 - * 1. Entity Name 02-25-2004 90051 050 ****61.25 BOCA LAGO COUNTRY CLUB, INC. Mailing Address Principal Place of Business 8665 JUEGO WAY 8665 JUEGO WAY BOCA RATON FL 33433-2099 US BOCA RATON FL 33433-2099 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2120961 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name STIFTER, GENE-P - --Street Address (P.O. Box Number is Not Acceptable) 8665 JUEGO WAY **BOCA RATON FL 33433-2099** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition Delete ☐ Change TITLE TITLE KRINSKY SEYMOUR SHAPIRD, HERB NAME NAME 8665 JUEGO WAY 8665 JUEGO WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** BOCA RATOM FL 33433 CITY-ST-76 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SIMON, ALVIN NAME NAME 8665 JUEGO WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP SD Change ☐ Addition TITLE Delete TITLE SCHARAK, BETTY NAM 8665 JUEGO WAY - ~ STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433-2099** CITY-ST-ZIP CITY-ST-ZIP מד ☐ Change ☐ Addition ☐ Delete TITLE TITLE KRAMER, GLORIA NAME NAME 8665 JUEGO WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-7IP PD Change ☐ Addition ☐ Delete TITLE TITLE EPSTEIN, HARRY NAME NAME 8665 JUEGO WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33423** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 about 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 true exempowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supply

HARRY EPSTEIN

with all other like empowered.

SIGNATIVE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED