

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90975 046 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                                  |                                                                                                                                                                                                                          |                                                                                   |                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 759908</b><br>1. Entity Name<br>BOCA LAGO COUNTRY CLUB, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                  |                                                                                                                                                                                                                          |  |                                                                                                             |
| Principal Place of Business<br>8665 JUEGO WAY<br>BOCA RATON, FL 33433-2099 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                                  | Mailing Address<br>8665 JUEGO WAY<br>BOCA RATON, FL 33433-2099 US                                                                                                                                                        |                                                                                   |                                                                                                             |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                |                                                                                   |                                                                                                             |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                  | City & State                                                                                                                                                                                                             |                                                                                   |                                                                                                             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | Country                                                                          |                                                                                                                                                                                                                          | Zip                                                                               |                                                                                                             |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    | Country                                                                          |                                                                                                                                                                                                                          | 4. FEI Number<br>59-2120961                                                       |                                                                                                             |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                  |                                                                                                                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                                                             |
| 6. Name and Address of Current Registered Agent<br><br>STIFTER, GENE P<br>8665 JUEGO WAY<br>BOCA RATON, FL 33433-2099                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                  | 7. Name and Address of New Registered Agent<br>Name <u>John H. McCurdy, III</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>8665 Juego Way</u><br>City <u>Boca Raton</u> <b>FL</b> Zip Code <u>33433</u> |                                                                                   |                                                                                                             |
| 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.<br><br>SIGNATURE <u>John H. McCurdy, III General Manager</u> <span style="float: right;">4/21/05</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                |                                                                    |                                                                                  |                                                                                                                                                                                                                          |                                                                                   |                                                                                                             |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                          | <b>\$5.00 May Be Added to Fees</b>                                                |                                                                                                             |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                                  |                                                                                                                                                                                                                          |                                                                                   |                                                                                                             |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                             |                                                                                   |                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>KRINSKY, SEYMOUR<br>8665 JUEGO WAY<br>BOCA RATON, FL 33433   | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>SIMON, ALVIN<br>8665 JUEGO WAY<br>BOCA RATON, FL 33433       | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>SCHARAK, BETTY<br>8665 JUEGO WAY<br>BOCA RATON, FL 334332099 | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>KRAMER, GLORIA<br>8665 JUEGO WAY<br>BOCA RATON, FL 33433     | <input checked="" type="checkbox"/> Delete                                       |                                                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>EPSTEIN, HARRY<br>8665 JUEGO WAY<br>BOCA RATON, FL 33423     | <input checked="" type="checkbox"/> Delete                                       |                                                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | * <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Delete                                                  |                                                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | TD<br>Rubin, Stanley<br>8665 Juego Way<br>Boca Raton, FL 33433 <input checked="" type="checkbox"/> Addition |
| 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 trustee empowered 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. |                                                                    |                                                                                  |                                                                                                                                                                                                                          |                                                                                   |                                                                                                             |
| <b>SIGNATURE:</b> <u>Alvin Simon</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                                  | Date <u>4-25-05</u>                                                                                                                                                                                                      |                                                                                   | Daytime Phone # <u>561-482-5000 EXT 307</u>                                                                 |