## 2007 NOT-FOR-PROFIT CORPORATION INUAL REPORT

## Apr 23, 2007 8:00 am Secretary of State **DOCUMENT #759908** 1. Entity Name BOCA LAGO COUNTRY CLUB, INC. 04-23-2007 90072 030 \*\*\*\*70.00 Principal Place of Business Mailing Address 8665 JUEGO WAY 8665 JUEGO WAY BOCA RATON, FL 33433-2099 US BOCA RATON, FL 33433-2099 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252007 CR2E037 (12/06) City & State City & State 4. FEI Number 59-2120961 Applied For Not Applicable Country Zip Country \$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 MCCURDY, JOHN H III 8665 JUEGO WAY Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33433-2099 Zip Code FL 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 DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change ☐ Addition KRINSKY, SEYMOUR NAME NAME 8665 JUEGO WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE President ☐ Delete TITLE Change ☐ Addition COTTON, STANLEY NAME NAME Jollon, Stank) 8665 Juego Way STREET ADDRESS 8665 JURGO WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SCHARAK, BETTY NAME NAME STREET ADDRESS 8665 JUEGO WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 334332099 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition STANLEY, RUBIN NAME NAME STREET ADDRESS 8665 JUEGO WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-7IP THILE TITLE Delete Delete ☐ Change ☐ Addition SILBERMAN, ELAINE NAME NAME 8665 JURGO WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE VICE PRESIDENT Addition ☐ Defete TITLE NAME NAME Blum Sheldon STREET ADDRESS STREET ADDRESS 8665 Thego way CITY-ST-ZIP CITY-ST-ZIP Boca Raton 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of 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, the address with all graphs empowered. SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 759908  1. Entry Name BOCA LAGO COUNTRY GLUB, INC.								ATTACHMENT	
Principal Place of Business 8665 JUEGO WAY BOCA RATON, FL 33433-2099 US			8665	Mailing Address 8665 JUEGO WAY BOCA RATON, FL 33433-2099 US				40075345	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01252007 Chg-NP CR2E037 (12/06)	
'City & State			City & State					4. FEI Number Applied For 59-2120961 Not Applicable	
Zip Country			Zip	Zip Cou				5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name			
MCCURDY, JOHN H III 8665 JUEGO WAY						Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON, FL 33433-2099								,	
				City				FL Zip Code	
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  Signative typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
Filing Fee is \$61.25  Due by May 1, 2007  O. Election Campaign Financing Trust Fund Contribution.						_		\$5.00 May Be Added to Fees  Make check payable to Florida Department of State	
10.		OFFICERS AND D	IRECTORS		11. TiTL			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ) - Vice President II   Change   Maddition	
NAME STREET ADDRESS CITY-ST-ZIP	MA ST				NAM STRI	1	Eis	shbein, Richard dos Jungo Way oca Raton FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:			Delete		I	80	- Secretary Change Maddition satisfy way way way say 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			·	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			☐ Delate				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*			☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.									
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Date Date Date Date Date Date Date									

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