2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jun 04, 2008 8:00 am **Secretary of State DOCUMENT #759908** 1. Entity Name BOCA LAGO COUNTRY CLUB, INC. 04-21-2008 90104 013 ****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 66013158 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05272008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2120961 Applied For Not Applicable Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 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 registating) 9. Election Campaign Financing \$5.00 May Be Added to Fees Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VD Change ☐ Addition TITLE Delete TITLE COTTON, STANLEY NAME STREET ADDRESS 8665 JUEGO WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete STANLEY, RUBIN NAME NAME 8665 JUEGO WAY STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP CITY-SI-ZIP TIT! F ☐ Delete TITLE ☐ Change Addition SHELDON, BLUM NAME STREET ADDRESS 8665 JUEGO WAY STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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	Daytime Phone #