2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90327 026 ****70.00

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1. Entity Name
SEA RANCH CLUB OF BOCA CONDOMINIUM ASSOCIATION, INC.

14000875

Principal Place of Business	Mailing Address
4301 NORTH OCEAN BLVD BOCA RATON, FL 33431	4301 NORTH OCEAN BLVD BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2149877
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAGLIANO, KAREN A PA
185 NW SPANISH RIVER BLVD STE 290
BOCA RATON, FL 33431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~FOREMAN, GEORGE~~ James King
STREET ADDRESS	4301 N OCEAN BLVD, ~~#A-0602~~ D-1509
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	~~ARONSTEIN, JOSEPH~~ Marvin Marcus
STREET ADDRESS	4201 N. OCEAN BLVD #C-~~1401~~ 807
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	LEIGH, JOHANN M
STREET ADDRESS	4301 N OCEAN BLVD, #1403
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	ROTHKOPF, SAUL
STREET ADDRESS	4201 N. OCEAN BLVD #C-1208
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	SHULMAN, BERNARD
STREET ADDRESS	4001 N OCEAN BLVD, #B-1104
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	BOTWIN, RITA D
STREET ADDRESS	4001 N. OCEAN BLVD B-508
CITY-ST-ZIP	BOCA RATON, FL 33431

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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.

SIGNATURE: K. Bein 04/22/05 (561) 3950447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #