

FILE NOW: FILING FEE IS \$61.25

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**Mar 24 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763361 (3)
 1. Corporation Name
BOCA GROVE GOLF AND TENNIS CLUB, INC.



Principal Place of Business 21351 WHITAKER DRIVE BOCA RATON FL 33433	Mailing Address 21351 WHITAKER DRIVE BOCA RATON FL 33433-7469
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3. Date Incorporated or Qualified 05/19/1982	3a. Date of Last Report 04/17/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number 59-2197326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GERSON, GARY N.
 1645 PALM BEACH LAKES BLVD.
 SUITE 1200
 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEONARD TURNER	
STREET ADDRESS	21351 WHITAKER DRIVE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JANET SHERR	
STREET ADDRESS	21351 WHITAKER DR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HERBERT LIEBOWITZ	
STREET ADDRESS	21351 WHITAKER DR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RAYMOND SALKELD	
STREET ADDRESS	21351 WHITAKER DR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Leonard Turner	
1.3 STREET ADDRESS	21351 Whitaker Drive	
1.4 CITY - ST - ZIP	Boca Raton, FL 33433	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Janet Sherr	
2.3 STREET ADDRESS	21351 Whitaker Drive	
2.4 CITY - ST - ZIP	Boca Raton, FL 33433	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donald Slavin	
3.3 STREET ADDRESS	21351 Whitaker Drive	
3.4 CITY - ST - ZIP	Boca Raton, FL 33433	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jack P. McCarthy	
4.3 STREET ADDRESS	21351 Whitaker Drive	
4.4 CITY - ST - ZIP	Boca Raton, FL 33433	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet Sherr **Janet Sherr, President 3-7-97** 561-487-5300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042040

CR2E037 (9/96)