


FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90048 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 763361 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	



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4	4. FEI Number	Applied For
22	City & State	27	City & State		59-2197326	Not Applicable
23	Zip	28	Zip	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GERSON, GARY N. 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILBERT, BRUCE			1.2 NAME	Harvey Grotsky		
STREET ADDRESS	21351 WHITAKER DRIVE			1.3 STREET ADDRESS	21351 Whitaker Dr. Boca Raton fl		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JANET SHERR			2.2 NAME	Bruce Gilbert		
STREET ADDRESS	21351 WHITAKER DR			2.3 STREET ADDRESS	21351 Whitaker Dr., Boca Raton FL		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FELDMAN, LARRY			3.2 NAME	Jerome Engerman		
STREET ADDRESS	21351 WHITAKER DR			3.3 STREET ADDRESS	21351 Whitaker Dr., Boca Raton, FL		
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCARTHY, JACK P			4.2 NAME			
STREET ADDRESS	21351 WHITAKER DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Bruce Gilbert* 4-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-22-99 Daytime Phone # 488-0583

CR2E037 (11/98)