


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90056 007 \*\*\*\*61.25

**DOCUMENT # 763361**

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
 59-2197326

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

03282005 Chg-NP CR2E037 (10/03)



6. Name and Address of Current Registered Agent

LEHNER, EMERSON CHUCK  
 BOCA GROVE GOLF AND TENNIS CLUB  
 21351 WHITAKER DRIVE  
 BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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: 

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FURR, ROBERT 21351 WHITAKER DR BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHNOLL, HOWARD 21351 WHITAKER DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V GROTSKY, HARVEY 21351 WHITAKER DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABEND, RON 21351 WHITAKER DR BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO STEIN, MARTIN 21351 WHITAKER DR BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERCE, DOTTIE 21351 WHITAKER DR BOCA RATON FL 334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVERMAN, JAN 21351 WHITAKER DR BOCA RATON FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP FLEISCHER, HENRY 21351 WHITAKER DR BOCA RATON FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMPOLIS KEITH 21351 WHITAKER DR BOCA RATON FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  EMERSON LEHNER

3-28-05 561-487-5300

Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT

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MANZOTTI, DAVID

40045044

DOC# 763361

21351 WHITAKER DR

BOCA RATON FL 33433

BOCA GROVE GOLF +  
TENNIS

D

KRAMER, SAUL

21351 WHITAKER DR

BOCA RATON FL 33433

D

SIMON, BURTON

21351 WHITAKER DR

BOCA RATON FL 33433