


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90459 011 ****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

60032009



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03132006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
 LEHNER, EMERSON CHUCK
 BOCA GROVE GOLF AND TENNIS CLUB
 21351 WHITAKER DRIVE
 BOCA RATON, FL 33433

4. FEJ Number
59-2197326

Applied For
 Not Applicable

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

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 _____

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERCE, DOTTIE 21351 WHITAKER DR BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V SCHNOLL, HOWARD 21351 WHITAKER DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROTSKY, HARVEY 21351 WHITAKER DR BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVERMAN, JAN 21351 WHITAKER DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V FLEISHER, HENRY 21351 WHITAKER DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMPOLIS, KEITH 21351 WHITAKER DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<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	MDVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: EMERSON LEHNER **4/24/06** **561-487-5300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

ADDITIONS

60032009

763361

- 1ST VP LARRY FELDMAN
 21351 WHITAKER DR
 BOCA RATON
 FL 33433
- S KRAMER, SAUL
 21351 WHITAKER DR
 BOCA RATON
 FL 33433

- D MANZOTTI, DAVE
 21351 WHITAKER DR
 BOCA RATON
 FL 33433

- D BLUMENKRANTZ
 21351 WHITAKER DR
 BOCA RATON
 FL 33433

- D SIMON, BURTON
 21351 WHITAKER DR
 BOCA RATON
 FL 33433