

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90100 047 ****61.25

DOCUMENT # 763362 1. Entity Name BOCA GROVE PLANTATION PROPERTY OWNER'S ASSOCIATION, 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2197321	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
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.)					
Filing Fee is \$61.25 Due by September 8, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGSTROM, SANDY 21351 WHITAKER DR. BOCA RATON, FL 33433	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROBERT FURR 21351 WHITAKER DR BOCA RATON FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORLANDO, WARREN 21351 WHITAKER DR BOCA RATON, FL 33433	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWARD SCHNOLL 21351 WHITAKER DR BOCA RATON FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUDD, STEVE 21351 WHITAKER DR. BOCA RATON, FL 33433	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VP HARVEY GROTSKY 21351 WHITAKER DR BOCA RATON FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, STEIN 21351 WHITAKER DR BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP ABEND, RON 21351 WHITAKER DR BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 7-1-04 561-487-5300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

54060604



07012004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

FL Zip Code