

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 10:05

DOCUMENT # N07223 (3)

1. Corporation Name
STONEBRIDGE GOLF AND COUNTRY CLUB OF BOCA RATON, INC.

Principal Place of Business Mailing Address
10343 STONEBRIDGE BLVD 10343 STONEBRIDGE BLVD
BOCA RATON FL 33498-6443 BOCA RATON FL 33498-6443

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date incorporated or Qualified 01/22/1985 | 3a. Date of Last Report 03/02/1994 |
| 4. FEI Number 59-2539217 | Applied For 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 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | FILING FEE IS \$61.25 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 24 Suite, Apt. #, etc. 25 City & State 26 Zip Country |
|---|--|

9. Name and Address of Current Registered Agent
**KANTER, HERBERT
10343 STONEBRIDGE BLVD
BOCA RATON FL 33498**

10. Name and Address of New Registered Agent

| |
|---|
| B1 Name |
| B2 Street Address (P.O. Box Number is Not Acceptable) |
| B3 |
| B4 City FL B5 Zip Code |

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 resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------------------|
| TITLE | PD |
| NAME | KANTER, HERBERT |
| STREET ADDRESS | 10343 STONEBRIDGE BLVD |
| CITY - ST - ZIP | BOCA RATON FL |
| TITLE | VD |
| NAME | SALVON, ALAN |
| STREET ADDRESS | 10343 STONEBRIDGE BLVD |
| CITY - ST - ZIP | BOCA RATON FL |
| TITLE | TD |
| NAME | DUBROW, JOEL |
| STREET ADDRESS | 10343 STONEBRIDGE BLVD. |
| CITY - ST - ZIP | BOCA RATON FL |
| TITLE | SD |
| NAME | MASTERMAN, RONALD |
| STREET ADDRESS | 10343 STONEBRIDGE BLVD |
| CITY - ST - ZIP | BOCA RATON FL |
| TITLE | D |
| NAME | KAUFMAN, SUE |
| STREET ADDRESS | 10343 STONEBRIDGE BLVD. |
| CITY - ST - ZIP | BOCA RATON FL |
| TITLE | D |
| NAME | GORDIN, RAY |
| STREET ADDRESS | 10343 STONEBRIDGE BLVD |
| CITY - ST - ZIP | BOCA RATON FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | SD - Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: [Signature] _____ DATE _____ (Type in Print)

CR2E037 (3/95)