

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N07223** (3)
1. Corporation Name

STONEBRIDGE GOLF AND COUNTRY CLUB OF BOCA RATON, INC.



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

3. Date Incorporated or Qualified 01/22/1985	3a. Date of Last Report 06/21/1995
4. FEI Number 59-2539217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
81 Name: **GENE BARNETT**
82 Street Address (P.O. Box Number is Not Acceptable): **10343 STONEBRIDGE BLVD.**
83 City: **BOCA RATON** FL 85 Zip Code: **33498**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **5/26/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: KANTER, HERBERT STREET ADDRESS: 10343 STONEBRIDGE BLVD CITY-ST-ZIP: BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: GENE BARNETT 1.3 STREET ADDRESS: 10343 STONEBRIDGE BLVD. 1.4 CITY-ST-ZIP: BOCA RATON, FL 33498
TITLE: TD NAME: DUBROW, JOEL STREET ADDRESS: 10343 STONEBRIDGE BLVD. CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE	2.1 TITLE: SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: ROSE HERSCH 2.3 STREET ADDRESS: 10343 STONEBRIDGE BLVD. 2.4 CITY-ST-ZIP: BOCA RATON, FL 33498
TITLE: VP NAME: MASTERMAN, RONALD STREET ADDRESS: 10343 STONEBRIDGE BLVD CITY-ST-ZIP: BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: KAUFMAN, SUE STREET ADDRESS: 10343 STONEBRIDGE BLVD. CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> DELETE	4.1 TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: SUE KAUFMAN 4.3 STREET ADDRESS: 10343 STONEBRIDGE BLVD. 4.4 CITY-ST-ZIP: BOCA RATON, FL 33498
TITLE: D NAME: GORDIN, RAY STREET ADDRESS: 10343 STONEBRIDGE BLVD CITY-ST-ZIP: BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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: **5/26/96** DAYTIME PHONE: **407-851-2084**

CR2E037 (12/95)