

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90023 020 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

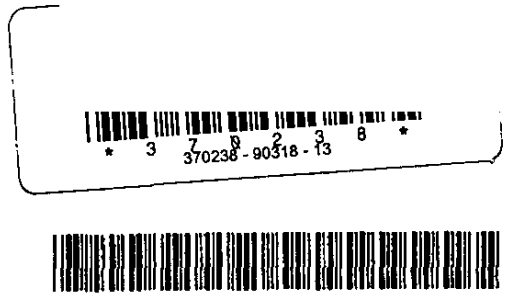


FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N07223

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
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/22/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2539217
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BARNETT, GENE 10343 STONEBRIDGE BLVD BOCA RATON FL 33498	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE Secretary (SD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARNETT, GENE		1.2 NAME Allan Salovin	
STREET ADDRESS 10343 STONEBRIDGE BLVD		1.3 STREET ADDRESS 10343 Stonebridge Blvd	
CITY-ST-ZIP BOCA RATON FL 33498		1.4 CITY-ST-ZIP Boca Raton, FL 33498	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE Vice President (VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DUBROW, JOEL		2.2 NAME Stuart Kurtz	
STREET ADDRESS 10343 STONEBRIDGE BLVD.		2.3 STREET ADDRESS 10343 Stonebridge Blvd	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP Boca Raton, FL 33498	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERSCH, ROSE		3.2 NAME	
STREET ADDRESS 10343 STONEBRIDGE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL-33498		3.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAUFMAN, SUE		4.2 NAME	
STREET ADDRESS 10343 STONEBRIDGE BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33498		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: GENE BARNETT, PRESIDENT DATE: 1/15/99 DAYTIME PHONE: 561-498-0800

CR2E037 (1198)