
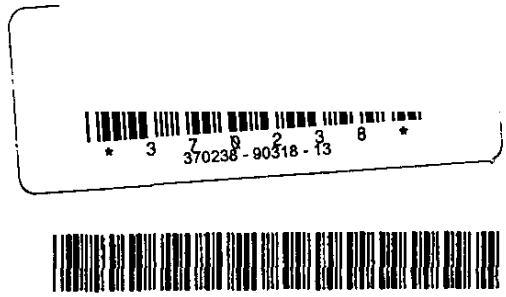


FILE NOW: FILING FEE IS \$61.25

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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
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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 reissuing)		DATE
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 **SIGNATURE REQUIRED** *1/1/99* 561-498-0800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1198)