

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR -6 AM 6:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N09043 (3)**  
1. Corporation Name  
**BOCA WEST COUNTRY CLUB, INC.**

Principal Place of Business Mailing Address  
**P O BOX 3070 BOCA RATON FL 33431-7970** **P O BOX 3070 BOCA RATON FL 33431-7970**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/02/1985** 3a. Date of Last Report **02/09/1994**

4. FEI Number **59-2596122** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**HRAWG CORP  
2000 GLADES RD., SUITE 400  
BOCA RATON FL 33431**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYER, JERRY</b>	1.2 NAME	
STREET ADDRESS	<b>20583 BOCA WEST DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATCHFORD, PATRICIA</b>	2.2 NAME	<b>VD LEONARD DOPKINS</b>
STREET ADDRESS	<b>20583 BOCA WEST DR</b>	2.3 STREET ADDRESS	<b>20583 BOCA WEST DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>	2.4 CITY - ST - ZIP	<b>BOCA RATON, FL</b>
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISS, HOWARD</b>	3.2 NAME	
STREET ADDRESS	<b>20583 BOCA WEST DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>P</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIPIETRO, JAY</b>	4.2 NAME	
STREET ADDRESS	<b>20583 BOCA WEST DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOPKINS, LEONARD</b>	5.2 NAME	<b>TD JERRY HAYFLICH</b>
STREET ADDRESS	<b>20583 BOCA WEST DR</b>	5.3 STREET ADDRESS	<b>20583 BOCA WEST DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>	5.4 CITY - ST - ZIP	<b>BOCA RATON, FL</b>
TITLE	<b>CD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNHARDT, LAWRENCE</b>	6.2 NAME	
STREET ADDRESS	<b>20583 BOCA WEST DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	6.4 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 of 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 Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or by an attachment with an address.

SIGNATURE: \_\_\_\_\_ **2/27/95** **407-488-6966**  
SIGNATURE AND PRINTED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR Date System Number