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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N09043

1. Corporation Name

BOCA WEST COUNTRY CLUB, INC.

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

Mailing Address  
P O BOX 3070  
BOCA RATON FL 33431-7970



|                                |     |                     |         |   |    |
|--------------------------------|-----|---------------------|---------|---|----|
| 2. Principal Place of Business |     | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   |    |
| 21                             |     | 26                  |         | 05/02/1985  |    |
| Suite, Apt. #, etc.            |     | Suite, Apt. #, etc. |         | 4. FEI Number   |    |
| 22                             |     | 27                  |         | 59-2596122  |    |
| City & State                   |     | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |    |
| 23                             |     | 28                  |         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |    |
| 24                             | Zip | 25                  | Country | 29  | 30 |

|   |  |  |  |  |  |    |    |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                 |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| HRAWG CORP<br>2000 GLADES RD., SUITE 400<br>BOCA RATON FL 33431 |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

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 reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | D REYER, JERRY <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | D WALTER LIPKIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | 20583 BOCA WEST DR  | 1.2 NAME  | 20583 BOCA WEST DRIVE  |
| STREET ADDRESS             | BOCA RATON FL   | 1.3 STREET ADDRESS                                    | BOCA RATON FL 33434  |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D ALLEN, VIVIAN <input type="checkbox"/> DELETE           | 2.1 TITLE   |  |
| NAME                       | 20583 BOCA WEST DR  | 2.2 NAME  |  |
| STREET ADDRESS             | BOCA RATON FL   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D SNEIDER, MICHAEL <input type="checkbox"/> DELETE        | 3.1 TITLE   |  |
| NAME                       | 20583 BOCA WEST DR  | 3.2 NAME  |  |
| STREET ADDRESS             | BOCA RATON FL   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D DIPIETRO, JAY <input type="checkbox"/> DELETE           | 4.1 TITLE   | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | 20583 BOCA WEST DR  | 4.2 NAME  |  |
| STREET ADDRESS             | BOCA RATON FL   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D TRIPODI, PAUL <input type="checkbox"/> DELETE           | 5.1 TITLE   |  |
| NAME                       | 20583 BOCA WEST DRIVE                                     | 5.2 NAME  |  |
| STREET ADDRESS             | BOCA RATON FL   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D LECHNER, MELVIN <input type="checkbox"/> DELETE         | 6.1 TITLE   |  |
| NAME                       | 20583 BOCA WEST DRIVE                                     | 6.2 NAME  |  |
| STREET ADDRESS             | BOCA RATON FL   | 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: \_\_\_\_\_ DATE: 4/9/99 (561) 488-6966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)