

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09043

FILED
Jan 04, 2007
Secretary of State

Entity Name: BOCA WEST COUNTRY CLUB, INC.

Current Principal Place of Business:

P O BOX 3070
BOCA RATON, FL 334317970

New Principal Place of Business:

Current Mailing Address:

P O BOX 3070
BOCA RATON, FL 334317970

New Mailing Address:

FEI Number: 59-2596122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HRAWG CORP
2000 GLADES RD., SUITE 400
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

HRAWG CORP
1801 N. MILITARY TRAIL
SUITE #200
BOCA RATON, FL 33431 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

01/04/2007

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLEIN, STANLEY
Address: P.O. BOX 3070
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: KRAMER, JERRY
Address: P.O. BOX 3070
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: GORDON, JIM
Address: P.O. BOX 3070
City-St-Zip: BOCA RATON, FL 33431

Title: P () Delete
Name: DIPIETRO, JAY
Address: 20583 BOCA WEST DR
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: COHEN, JAY
Address: P.O. BOX 3070
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: BUCKSBAUM, DOROTHY
Address: P.O. BOX 3070
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY DIPIETRO

Electronic Signature of Signing Officer or Director

P

01/04/2007

Date