

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90136 015 ****61.25

0010879

DOCUMENT # N09043

1. Entity 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

JUL 14 2003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2596122**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIPKIN, WALTER	
STREET ADDRESS	20583 BOCA WEST DRIVE	
CITY-ST-ZIP	BOCA RATON FL 32434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, VIVIAN	
STREET ADDRESS	20583 BOCA WEST DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNEIDER, MICHAEL	
STREET ADDRESS	20583 BOCA WEST DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIPIETRO, JAY	
STREET ADDRESS	20583 BOCA WEST DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRIPODI, PAUL	
STREET ADDRESS	20583 BOCA WEST DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LECHNER, MELVIN	
STREET ADDRESS	20583 BOCA WEST DRIVE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY EMAS	
STREET ADDRESS	PO Box 3070	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Kramer	
STREET ADDRESS	PO BOX 3070	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Adler	
STREET ADDRESS	PO Box 3070	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jay Cohen	
STREET ADDRESS	PO Box 3070	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Buckshain	
STREET ADDRESS	PO Box 3070	
CITY-ST-ZIP	Boca Raton FL 33431	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Domicile Phone #: _____

CR2E037 (4/03)