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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **V52748**  
 1. Corporation Name  
**NEWCEN GOLF COURSE, INC.**



Principal Place of Business  
 19146 LYONS ROAD  
 BOCA RATON FL 33434  
 US

Mailing Address  
 19146 LYONS RD  
 BOCA RATON FL 33434  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	100 Century Blvd.	26	100 Century Blvd.	07/22/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0346293	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 West Palm Beach, Fl		28 West Palm Beach, Fl		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip Country		Zip Country			
24 33417 25		29 33417 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JAIVEN, JACK 19146 LYONS ROAD BOCA RATON FL 33434				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85
				West Palm Beach 33417			

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 607.9505, Florida Statutes.

SIGNATURE *Mary Jane Merola* **Mary Jane Merola, Agent** DATE 4-12-99

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	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVY, H. IRWIN			1.2 NAME			
STREET ADDRESS	100 CENTURY BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUBIN, MICHAEL S.			2.2 NAME	Levy, Mark F.		
STREET ADDRESS	19146 LYONS RD			2.3 STREET ADDRESS	100 Century Blvd.		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	West Palm Beach, FL 33417		
TITLE	DVTS	<input type="checkbox"/> DELETE		3.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAIVEN, JACK			3.2 NAME	Jaiven, Jack		
STREET ADDRESS	19146 LYONS RD			3.3 STREET ADDRESS	100 Century Blvd.		
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP	West Palm Beach, FL 33417		
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RICH, MICHAEL A.			4.2 NAME	Gleeson, Antoinette		
STREET ADDRESS	19146 LYONS RD			4.3 STREET ADDRESS	100 Century Blvd.		
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP	West Palm Beach, FL 33417		
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GEDDES, JAMES A			5.2 NAME	Floyd, Orilla		
STREET ADDRESS	19146 LYONS RD			5.3 STREET ADDRESS	100 Century Blvd.		
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-ST-ZIP	West Palm Beach, FL 33417		
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COHEN, HAROLD			6.2 NAME	Halperin, Maurice		
STREET ADDRESS	191146 LYONS RD			6.3 STREET ADDRESS	100 Century Blvd.		
CITY-ST-ZIP	BOCA RATON FL			6.4 CITY-ST-ZIP	West Palm Beach, FL 33417		

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 607, 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: *Jack Jaiven* **Jack Jaiven, V.P.** DATE 4/12/99 (561) 640-3105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

NewCen Golf Course, Inc.  
Document #V52748  
1999 Corporation Annual Report

additions to officers and directors:

D  
Halperin, Barry  
100 Century Blvd.  
West Palm Beach, FL 33417

447878-90190-41  
V52748