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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 12:04

DOCUMENT # N15995 (6)

1. Corporation Name

BOCA WOODS COUNTRY CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10471 BOCA WOODS LANE
BOCA RATON FL 33428

10471 BOCA WOODS LANE
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1986

3a. Date of Last Report

01/21/1994

4. FBI Number

59-2720777

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDBERG, ROBERT
10851 BOCA WOODS LANE
BOCA RATON FL 33428

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WEISSMAN, MORTON
STREET ADDRESS 10207 SUNSET BEND DRIVE
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE President -D ☐ Change ☐ Addition
1.2 NAME Morton Weissman ☒ Same
1.3 STREET ADDRESS 10207 Sunset Bend Drive
1.4 CITY-ST-ZIP Boca Raton, FL 33428

TITLE VP
NAME SIMON, DAVID
STREET ADDRESS 10759 BOCA WOODS LANE
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE Vice-President -D ☒ Change ☐ Addition
2.2 NAME Morton Farber, M.D.
2.3 STREET ADDRESS 10224 Sunset Bend Drive
2.4 CITY-ST-ZIP Boca Raton, FL 33428

TITLE S
NAME KASS, NATALIE
STREET ADDRESS 11123 HIGHLAND CIRCLE
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE Secretary -D ☒ Change ☐ Addition
3.2 NAME Peter Padorr
3.3 STREET ADDRESS 11139 Boca Woods Lane
3.4 CITY-ST-ZIP Boca Raton, FL 33428

TITLE T
NAME GOLDBERG, ROBERT
STREET ADDRESS 10851 BOCA WOODS LANE
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE Treasurer ☐ Change ☐ Addition
4.2 NAME Robert Goldberg ☒ Same
4.3 STREET ADDRESS 10851 Boca Woods Lane
4.4 CITY-ST-ZIP Boca Raton, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 stated in Section 110.07(9)(b), 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.

SIGNATURE:

Morton Weissman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morton Weissman/President

1-13-95 (407) 487-2800

Date

Telephone Number