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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED

Mar 29 1996 8:00 am  
Secretary of State

DOCUMENT # **724365**

(2)

1. Corporation Name

**BOCA WEST MASTER ASSOCIATION, INC.**

Principal Place of Business

**20540 CNTRY CLUB BLVD #105  
BOCA RATON FL 33434**

Mailing Address

**20540 CNTRY CLUB BLVD #105  
BOCA RATON FL 33434**



3. Date Incorporated or Qualified

**09/18/1972**

3a. Date of Last Report

**03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAIMOND, WILLIAM  
20540 COUNTRY CLUB BLVD  
SUITE 105  
BOCA RATON FL 33434**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **SHOTTLAND, JAMES**  
STREET ADDRESS **19428 CEDAR GLEN DR**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **TD** ☐ DELETE

NAME **RAUSCH, GEORGE**  
STREET ADDRESS **19712 BAY COVE DRIVE**  
CITY-ST-ZIP **BOCA RATON, FL 00000**

TITLE **VP** ☐ DELETE

NAME **RAIMOND, WILLIAM**  
STREET ADDRESS **20540 COUNTRY CLUB BLVD**  
CITY-ST-ZIP **BOCA RATON, FL 00000**

TITLE **PD** ☒ DELETE

NAME **FRIEDMAN, SANDRA**  
STREET ADDRESS **19513 PLANTERS POINT DR**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **VPD** ☐ DELETE

NAME **BLODINGER, JACK**  
STREET ADDRESS **2208 BRIDGEWOOD DR.**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **SD** ☐ DELETE

NAME **ROTHSCHILD, HENRY**  
STREET ADDRESS **541 LAKESIDE BLVD**  
CITY-ST-ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D** ☐ Change ☒ Addition

12 NAME **CAPLAN, SONIA**  
13 STREET ADDRESS **7446 BONDSBERRY COURT**  
14 CITY-ST-ZIP **BOCA RATON, FL 33434**

21 TITLE **VPD** ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE **D** ☐ Change ☒ Addition

32 NAME **LAWRENCE SHERMAN**  
33 STREET ADDRESS **19434 WAITERS REACH LANE, #401**  
34 CITY-ST-ZIP **BOCA RATON, FL 33434**

41 TITLE **D** ☐ Change ☒ Addition

42 NAME **POTOFF, ARTHUR**  
43 STREET ADDRESS **19885B PLANTERS BLVD**  
44 CITY-ST-ZIP **BOCA RATON, FL 33434**

51 TITLE **PD** ☒ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE **TD** ☐ Change ☒ Addition

62 NAME **KRAMER, JERRY**  
63 STREET ADDRESS **19657 OAKBROOK CIRCLE**  
64 CITY-ST-ZIP **BOCA RATON, FL 33434**

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 119.07(3)(k), 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:

*William Raimond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**William Raimond**

3/22/96

Date

(407)488-1598

Daytime Phone #

CR2E037 (12/95)