

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90042 042 \*\*\*\*61.25

0043951

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 724365**

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**09/18/1972**

4. FEI Number

**59-1619611**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

OFFICERS AND DIRECTORS

12. TITLE **P** ☒ DELETE

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

TITLE **D** ☐ DELETE

NAME **DAVIDSON, IRWIN**  
STREET ADDRESS **19604 PLANTERS PT DR**  
CITY-ST-ZIP **BOCA RATON, FL 00000**

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **FISHMAN, RICHARD**  
STREET ADDRESS **19680 SAWGRASS DR #3202**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE

NAME **NEWMAN, MELVIN**  
STREET ADDRESS **20108 WATERS EDGE DR #603**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition

1.2 NAME **KRAMER, JERRY**  
1.3 STREET ADDRESS **19657 Oakbrook Circle**  
1.4 CITY-ST-ZIP **Boca Raton, FL 33434**

2.1 TITLE **SEC/D** ☐ Change ☒ Addition

2.2 NAME **Caplan, Sonia**  
2.3 STREET ADDRESS **7446 Bondsberry Ct.**  
2.4 CITY-ST-ZIP **Boca Raton, FL 33434**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Spring, Richard**  
3.3 STREET ADDRESS **20572 Links Circle**  
3.4 CITY-ST-ZIP **Boca Raton, FL 33434**

4.1 TITLE **VP** ☐ Change ☒ Addition

4.2 NAME **Raimond, William**  
4.3 STREET ADDRESS **20540 Country Club Blvd., #101**  
4.4 CITY-ST-ZIP **Boca Raton, FL 33434**

5.1 TITLE **Asst.Sec** ☐ Change ☒ Addition

5.2 NAME **Pamer, Marilyn**  
5.3 STREET ADDRESS **20540 Country Club Blvd., #101**  
5.4 CITY-ST-ZIP **Boca Raton, FL 33434**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 617, 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: *Marilyn Pamer*

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn Pamer

3/25/99

(561) 488-1598

Date

Daytime Phone #

CR2E037 (11/98)