

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07223

**FILED**  
**Feb 17, 2021**  
**Secretary of State**  
**7206668589CC**

**Entity Name:** STONEBRIDGE GOLF AND COUNTRY CLUB OF BOCA RATON, INC.

**Current Principal Place of Business:**

10343 STONEBRIDGE BLVD  
BOCA RATON, FL 33498

**Current Mailing Address:**

10343 STONEBRIDGE BLVD  
BOCA RATON, FL 33498 US

**FEI Number: 59-2539217**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SACHS SAX CAPLAN, P.L.  
6111 BROKEN SOUND PKWY NW  
SUITE 200  
BOCA RATON, FL 33487 US

*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.*

**SIGNATURE: PETER S. SACHS**

**02/17/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SCHAEFFER, JEFF  
Address 10343 STONEBRIDGE BLVD  
City-State-Zip: BOCA RATON FL 33498

Title DIRECTOR  
Name PULLMAN, HENRY J  
Address 10343 STONEBRIDGE BLVD  
City-State-Zip: BOCA RATON FL 33498

Title PRESIDENT  
Name COLUCCI, JIM  
Address 10343 STONEBRIDGE BLVD  
City-State-Zip: BOCA RATON FL 33498

Title SECRETARY  
Name SILVERMAN, JILL  
Address 10343 STONEBRIDGE BLVD  
City-State-Zip: BOCA RATON FL 33498

Title TREASURER  
Name PRICE, BART  
Address 10343 STONEBRIDGE BLVD  
City-State-Zip: BOCA RATON FL 33498

Title ASST. SECRETARY  
Name KOHN, MARK  
Address 10343 STONEBRIDGE BLVD  
City-State-Zip: BOCA RATON FL 33498

Title DIRECTOR  
Name WEISS, HOWARD  
Address 10343 STONEBRIDGE BLVD  
City-State-Zip: BOCA RATON FL 33498

Title DIRECTOR  
Name VENICK, SHELLEY  
Address 10343 STONEBRIDGE BLVD  
City-State-Zip: BOCA RATON FL 33498

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BART PRICE**

**TREASURER**

**02/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BARON-LEVITZ, LYNN  
Address        10343 STONEBRIDGE BLVD  
City-State-Zip: BOCA RATON FL 33498