

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09043

**Entity Name:** BOCA WEST COUNTRY CLUB, INC.

**Current Principal Place of Business:**

20583 BOCA WEST DRIVE  
BOCA RATON, FL 33434

**Current Mailing Address:**

P O BOX 3070  
BOCA RATON, FL 33431-7970

**FEI Number: 59-2596122**

**Certificate of Status Desired: Yes**

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

CORMAN, LARRY ESQ.  
GREENSPOON MARDER, P.A.  
ONE BOCA PLACE 2255 GLADES RD STE 400-E  
BOCA RATON, FL 33431 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LIEBMAN, HOWARD  
Address P.O. BOX 3070  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR  
Name KUPPERMAN, PHILIP  
Address P.O. BOX 3070  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR  
Name WINIKOFF, ROBERT  
Address P O BOX 3070  
City-State-Zip: BOCA RATON FL 33431-7970

Title DIRECTOR  
Name MACHER, JOEL  
Address P O BOX 3070  
City-State-Zip: BOCA RATON FL 33431-7970

Title DIRECTOR  
Name BOILEN, HOWARD  
Address P O BOX 3070  
City-State-Zip: BOCA RATON FL 33431-7970

Title COO  
Name LINDERMAN, MATTHEW  
Address P O BOX 3070  
City-State-Zip: BOCA RATON FL 33431-7970

*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: MATTHEW LINDERMAN**

**COO**

**03/19/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date