

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **754110** (5)

1. Corporation Name

**BOCA DEL MAR COUNTRY CLUB, INC.**



Principal Place of Business

Mailing Address

**6200 BOCA DEL MAR DRIVE  
BOCA RATON FL 33433**

**6200 BOCA DEL MAR DRIVE  
BOCA RATON FL 33433**

3. Date Incorporated or Qualified  
**09/10/1980**

3a. Date of Last Report  
**04/26/1995**

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

4. FEI Number  
**59-2022487**

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**

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

**SMODISH, MICHAEL P.  
GREAT WESTERN BANK, STE 301  
555 N CONGRESS AV  
BOYNTON BEACH, FLORIDA 33426**

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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>UNGER, ARTHUR</b>	
STREET ADDRESS	<b>5900 PINEBROOK DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BARTUSKA, PAETER M.</b>	
STREET ADDRESS	<b>1338 CYPRESS WAY</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FUSARI, ALBERT</b>	
STREET ADDRESS	<b>4455 WOODFIELD BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FOODY, WILLIAM F.</b>	
STREET ADDRESS	<b>6744 ENTRADA PLACE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCASLIN, JOSEPH P</b>	
STREET ADDRESS	<b>3375 N.W. 27 AVENUE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACK, JOE E</b>	
STREET ADDRESS	<b>3075 CANTERBURY DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Robert Fay</b>	
1.3 STREET ADDRESS	<b>3100 N.E. 46 Street</b>	
1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, Fla. 33308</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Thomas Blum</b>	
3.3 STREET ADDRESS	<b>22093 Colony Drive</b>	
3.4 CITY-ST-ZIP	<b>Boca Raton, Fla. 33433</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>McCaslin, Joseph P.</b>	
5.3 STREET ADDRESS	<b>3375 N.W. 27 Ave.</b>	
5.4 CITY-ST-ZIP	<b>Boca Raton, Fla. 33486</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	<b>D</b>	
6.2 NAME	<b>Robert Giaquinto</b>	
6.3 STREET ADDRESS	<b>10302 Buena Ventura Drive</b>	
6.4 CITY-ST-ZIP	<b>Boca Raton, Fla. 33498</b>	

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:

*Pete Bartuska* Pete Bartuska

1-26-96

407-392-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)