FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

754110

(5)

Mailing Address

BOCA DEL MAR COUNTRY CLUB, INC.

6200 BOCA DEL BOCA RATON F		6200 BOCA DEL MAR DRIVE BOCA RATON FL 33433-8041								
						3. Date Incorporated or Qualified 09/10/1980	3a. Date 0	of Last Re 1/31/19		
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2022487		Applied For Not Applicable		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·			8. This corporation has liability for intangible tax under s. 199.032,				
24	25 9. Name and Address of Current		30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent 81						10. Hallio and Advises of Hear tres.	Staten with	HIL		
SMODISH, MICHAEL P.					Street Addre	ess (P.O. Box Number is Not Acceptable		·····		
	WESTERN BANK, STE 301					000 (F.O. DON HUITIDGE TO HOU FROUDHING	",			
555 N CONGRESS AV			8	3						
BOYNTO	ON BEACH, FLORIDA 33426		8	4 0	City		FL	35 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 tille if applicable. (NOTE: Registered Agent signature required when reinstating). DATE										
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	\$	☐ DELETE 1.11		1.1 TITLE			25	Change	Addition	
NAME	THE TOOLET		1	1.2 NAME F		Fay, Robert				
STREET ADDRESS	01001112110111011		1	1		3100 N.E. 46 Stree		_		
CITY-ST-ZIP TITLE				1.4 CITY-ST-ZIP F		<u> Et. Lauderdale, Fl</u>	. 3330	Change	Addition	
NAME						·	-	num No	Last Abstract	
STREET ADDRESS	1338 CYPRESS WAY			T		Bartuska, Peter M.				
CITY-ST-ZIP	BOCA RATON FL		li .			23277 Nater Circle				
TITLE	D			3.1 TITLE		Boca Raton, Fla. 33486 Change A Addition				
NAME			3.2 NAM	3.2 NAME 1		Thomas, Michael			-	
STREET ADDRESS	22093 COLONY DRIVE		3.3 \$TRE			900 Parkside Circle North				
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY			Boca Raton Fla 33486				
TITLE			4.1 TITLE	E	I	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	FOODY, WILLIAM F.		4. 2 NAM			Blum, Thomas				
STREET ADDRESS	6744 ENTRADA PLACE		4.3 STRE	4.3 STREET ADDRESS		22093 Colony Drive				
CITY-ST-ZIP TITLE				4.4 City-St-ZiP 5.1 Title		Boca Raton, Fla. 3	3433 -	T Change	Addition	
NAME	**			5.2 NAME		Ď É	L	1 Augusto	Auditori	
STREET ADDRESS	MCCASLIN, JOSEPH P 3375 N.W. 27 AVENUE			5.2 NAME 5.3 STREET ADDRESS		Bliss, Philip E.				
CITY-ST-ZIP	BAGA GAMGIL MI			-ST-20	2,,,,,,	399 N.W. 9 Terr				
TITLE	D	DELETE.			Boca Raton, Fla. 3348		34862	Change	Addition	
NAME	GIAQUINTO, ROBERT		6.2 NAM		1	VP		•		
STREET ADDRESS	10302 BUENA VENTURA DR.		6.3 STRE		DRESS	Giaquinto, Robert	_			
CITY-ST-ZIP	BOCA BATON FI			-ST-7	76 J	10302 Buene Ventura Dr				
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption states in Section (1904)(1). Florida statute 1 4 me 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 conduction 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 or Block 14 or Block 15 or Block 15 or Block 15 or Block 16 or Block 16 or Block 17 or Block 17 or Block 18 or Block 18 or Block 19 or B										

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da

1/28/97 *561-893-799/*

FILED

Feb 10 1997 8:00am

Secretary of State