2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90042 001 ****61.25

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DOCUMENT # 754110

1. Entity 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

01152004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2022487 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HODGSON RUSS ANDREWS WOOD & GOODY
1801 N MILITARY TR
STE 200
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PAGE, PETER 802 N SWINTON AVE DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SLINEY, TOMAS 951 DE SOTO ROAD BOCA RATON, FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECR. PETER PERETTINE 22071 SOLEIL CIR W. BOCA RATON 33433 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JACK, JOSEPH 3075 CANTERBURY DR. BOCA RATON, FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERT - COLUCCI 21746 FALL RIV. DR. BOCA RATON, FL 33428 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARRETT, THOMAS 6010 VISTA LINDA DR. BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STRICKLAND, CARTER 3220 CANTERBURY PR. BOCA RATON, FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES PETER BARTUSKA WATER CIRCLE BOCA RATON, FL 33486 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLMES, PHILLIP 6000 PINE BROOK DR BOCA RATON, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GOLF/MM BILL WILKINS 22385 TREETOP CIR BOCA RATON, FL 33433 ☑ Change ☑ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E.J. GERDING CONTROLLER 2/19/04 561 392 7991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #