


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90029 028 \*\*\*\*61.25

<b>DOCUMENT # 754110</b> 1. Entity Name <b>BOCA DEL MAR COUNTRY CLUB, INC.</b>					
Principal Place of Business <b>6200 BOCA DEL MAR DRIVE BOCA RATON, FL 33433</b>			Mailing Address <b>6200 BOCA DEL MAR DRIVE BOCA RATON, FL 33433</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HODGSON RUSS ANDREWS WOOD &amp; GOODY</b> <b>1801 N MILITARY TR</b> <b>STE 200</b> <b>BOCA RATON, FL 33431</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PAGE, PETER</b> <input checked="" type="checkbox"/> Delete <b>802 N SWINTON AVE</b> <b>DELRAY BEACH, FL 33444</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROBERT GRON</b> <b>5913 PINEBROOK DR</b> <b>BOCA RATON, FL 33433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PERETTINE, PETER</b> <input type="checkbox"/> Delete <b>22071 SOLIEL CIRCLE W</b> <b>BOCA RATON, FL 33433</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COLUCCI, ROBERT</b> <input type="checkbox"/> Delete <b>21746 FALL RIVER DR.</b> <b>BOCA RATON, FL 33428</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARRETT, THOMAS</b> <input type="checkbox"/> Delete <b>6010 VISTA LINDA DR.</b> <b>BOCA RATON, FL 33433</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARTUSFA, PETER</b> <input checked="" type="checkbox"/> Delete <b>WATER CIRCLE</b> <b>BOCA RATON, FL 33486</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Pres</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JOE DI CAROLIS</b> <b>2001 WOODLAKE CIRCLE</b> <b>DEERFIELD BEACH, FL 33442</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILKINS, BILL</b> <input type="checkbox"/> Delete <b>22385 TREETOP CIRCLE.</b> <b>BOCA RATON, FL 33433</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Joe Di Carolis V.P.</i>			<b>2/15/05</b> <b>561.392.7991</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		