

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755416

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: WEST BOCA COMMUNITY COUNCIL, INC.

**Current Principal Place of Business:**

10619 MAPLE CHASE DRIVE  
BOCA RATON, FL 33498 US

**New Principal Place of Business:**

**Current Mailing Address:**

10619 MAPLE CHASE DRIVE  
BOCA RATON, FL 33498 US

**New Mailing Address:**

20423 STATE ROAD 7, SUITE F6, BOX 121  
BOCA RATON, FL 33498 US

FEI Number: 75-5416000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEARBOROUGH, SHERI A  
10619 MAPLE CHASE DR  
BOCA RATON, FL 33498 US

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

SEARBOROUGH, SHERI A  
10619 MAPLE CHASE DRIVE  
BOCA RATON, FL 33498 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: SHERI A. SCARBOROUGH

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BRENNER, MILTON  
Address: 10935 BOCA WOODS LANE  
City-St-Zip: BOCA RATON, FL

Title: PD ( ) Delete  
Name: SCARBOROUGH, SHERI A  
Address: 10619 MAPLE CHASE DR.  
City-St-Zip: BOCA RATON, FL 33498

Title: VPD ( ) Delete  
Name: GRUBOW, AL  
Address: 12561 GREENBROW CT  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHERI A. SCARBOROUGH

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04/30/2009

Electronic Signature of Signing Officer or Director

Date