

# 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 # 768649**

**(6)**

1. Corporation Name

**BOCAIRE COUNTRY CLUB, INC.**



Principal Place of Business

**4989 BOCAIRE BLVD  
BOCA RATON FL 33487**

Mailing Address

**4989 BOCAIRE BLVD  
BOCA RATON FL 33487**

3. Date Incorporated or Qualified  
**05/26/1983**

3a. Date of Last Report  
**03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2305699**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOMA, SALVATORE F  
4989 BOCAIRE BLVD.  
BOCA RATON FL 33487**

81 Name

**Barry Berger**

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

**4989 Bocaire Blvd**

83

84 City

**Boca Raton**

FL

85

Zip Code

**33487**

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

*Barry Berger*  
Signature, typed or printed name of registered agent and title if applicable

**Barry Berger, President**

DATE

**3/19/96**

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
SCOMA, SALVATORE F  
4989 BOCAIRE BLVD  
BOCA RATON FL**

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**President  
Barry Berger  
4989 Bocaire Blvd  
Boca Raton, FL 33487**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
GALE, MELVIN H  
4989 BOCAIRE BLVD.  
BOCA RATON FL**

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**VD  
Howard E. Strauss  
4989 Bocaire Blvd  
Boca Raton, FL 33487**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
STRAUSS, HOWARD E  
4989 BOCAIRE BLVD.  
BOCA RATON FL**

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**VD  
Felix Mendelsohn  
4989 Bocaire Blvd  
Boca Raton, FL 33487**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
FARBER, MORTON  
4989 BOCAIRE BLVD  
BOCA RATON FL**

☒ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**TD  
Walter Sloane  
4989 Bocaire Blvd  
Boca Raton, FL 33487**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
PORTNOY, HYMAN  
4989 BOCAIRE BLVD  
BOCA RATON FL**

☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**SD  
Charles Serwitz  
4989 Bocaire Blvd  
Boca Raton, FL 33487**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Howard E. Strauss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Howard E. Strauss**

**3/19/96**

Date

Daytime Phone #

CR2E037 (12/95)