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FILED

Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33487-11633. Date Incorporated or Qualified
05/26/19833a. Date of Last Report
03/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number
59-2305699

Applied For

Not Applicable

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BERGER, BARRY
4989 BOCAIRE BLVD
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

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, President

3/17/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BERGER, BARRY	4989 BOCAIRE BLVD	BOCA RATON FL	<input type="checkbox"/>
VD	STRAUSS, HOWARD E.	4989 BOCAIRE BLVD	BOCA RATON FL	<input type="checkbox"/>
VD	STRAUSS, HOWARD E	4989 BOCAIRE BLVD.	BOCA RATON FL	<input checked="" type="checkbox"/>
TD	SLOANE, WALTER	4989 BOCAIRE BLVD	BOCA RATON FL	<input type="checkbox"/>
SD	SERWITZ, CHARLES	4989 BOCAIRE BLVD	BOCA RATON FL	<input type="checkbox"/>
VD	MENDELSON, FELIX	4989 BOCAIRE BLVD	BOCA RATON FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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:

Signature typed or printed name of signing officer or director

3/17/97 (301)997-1556

CR2E037 (9/96)