

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 05/26/1983	4. FEI Number 59-2305699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Melvin Michaelson 82 Street Address (P.O. Box Number is Not Acceptable) 4989 Bocaire Blvd 83 84 City Boca Raton FL 85 Zip Code 33487
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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 *Melvin Michaelson* **Melvin Michaelson, Pres.** 3/18/98
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BERGER, BARRY <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGER, BARRY	1.2 NAME	Melvin Michaelson
STREET ADDRESS	4989 BOCAIRE BLVD	1.3 STREET ADDRESS	4989 Bocaire Blvd
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	STRAUSS, HOWARD E.	2.2 NAME	
STREET ADDRESS	4989 BOCAIRE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLOANE, WALTER	3.2 NAME	Sidney J. Jimmy
STREET ADDRESS	4989 BOCAIRE BLVD	3.3 STREET ADDRESS	4989 Bocaire Blvd
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERWITZ, CHARLES	4.2 NAME	Robert L. Rice
STREET ADDRESS	4989 BOCAIRE BLVD	4.3 STREET ADDRESS	4989 Bocaire Blvd
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton, FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	2nd VP VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENDELSON, FELIX	5.2 NAME	R. Paul Kashden
STREET ADDRESS	4989 BOCAIRE BLVD	5.3 STREET ADDRESS	4989 Bocaire Blvd
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton, FL 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *R. Paul Kashden* **R. Paul Kashden** 3/18/98

CR2E037 (1097)