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**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90021 048 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 768649**

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



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

05/26/1983

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-2305699

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

Zip

24

Country

25

Zip

29

Country

30

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAELSON, MELVIN**

**4989 BOCAIRE BLVD**

**BOCA RATON FL 33487**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

3/22/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **MICHAELSON, MELVIN**

STREET ADDRESS **4989 BOCAIRE BLVD**

CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VD** ☒ DELETE

NAME **STRAUSS, HOWARD E.**

STREET ADDRESS **4989 BOCAIRE BLVD**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **TD** ☐ DELETE

NAME **ZIMMY, SIDNEY J.**

STREET ADDRESS **4989 BOCAIRE BLVD**

CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **SD** ☒ DELETE

NAME **RICE, ROBERT L.**

STREET ADDRESS **4989 BOCAIRE BLVD**

CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **SVPD** ☒ DELETE

NAME **KASHDEN, R. PAUL**

STREET ADDRESS **4989 BOCAIRE BLVD**

CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD

R. Paul Kashden

4989 Bocaire Blvd

Boca Raton, FL 33487

SD

Howard Strauss

4989 Bocaire Blvd

Boca Raton, FL 33487

SVPD

Murray Edelstein

4989 Bocaire Blvd

Boca Raton, FL 33487

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, with all other like empowered.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED** *VP*

3/22/99

(561)997-6556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0040633

CR2F037 (11/98)