



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90774 046 \*\*\*\*61.25

<b>DOCUMENT # 769531</b> 1. Entity Name <b>BOCAIRE COUNTRY CLUB, INC.</b>					
Principal Place of Business <b>C/O VICTORY ACCOUNTING SERVICE</b> <b>5507 PEBBLE BROOK LANE</b> <b>BOYNTON BEACH, FL 33437 US</b>			Mailing Address <b>C/O VICTORY ACCOUNTING SERVICE</b> <b>5507 PEBBLE BROOK LANE</b> <b>BOYNTON BEACH, FL 33437 US</b>		
2. Principal Place of Business <b>4989 BOCAIRE BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>4989 Bocaire Blvd</b> Suite, Apt. #, etc.			
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>59-2324048</b>	
Zip <b>33487</b>		Country <b>Palm Bch</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SACHS, PETER ESQ</b> <b>SACHS, SAX &amp; KLEIN, P.A.</b> <b>SUITE 4150, 301 YAMATO ROAD</b> <b>BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KUHN, LAWRENCE</b> <b>4872 BOCAIRE BLVD.</b> <b>BOCA RATON, FL 33487</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Kurt Merl</b> <b>4989 Bocaire Blvd</b> <b>Boca Raton, FL 33487</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COHEN, HOWARD</b> <b>47271 BOCAIRE BLVD.</b> <b>BOCA RATON, FL 33487</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P I</b> <b>BARRY BERGER</b> <b>17152 CASSAVA WAY</b> <b>Boca Raton, FL 33487</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LITT, DONALD</b> <b>4199 BOCAIRE BLVD.</b> <b>BOCA RATON, FL 33487</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP2</b> <b>Robert Weiner</b> <b>4989 Bocaire Blvd</b> <b>Boca Raton, FL 33487</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RAFEL, HAROLD</b> <b>4316 BOCAIRE BLVD</b> <b>BOCA RATON, FL 33487</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WARREN WINTRUB</b> <b>4989 Bocaire Blvd</b> <b>Boca Raton, FL 33487</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KLEINWAKS, EUGENE</b> <b>4864 BOCAIRE BLVD</b> <b>BOCA RATON, FL 33487</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MARILYN TULGAN</b> <b>4989 BOCAIRE BLVD</b> <b>Boca Raton, FL 33487</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAYE, STANLEY</b> <b>4244 BOCAIRE BLVD</b> <b>BOCA RATON, FL 33487</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>4/26/04</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		