2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 769531

Entity Name: BOCAIRE COUNTRY CLUB, INC.

Current Principal Place of Business:

4989 BOCAIRE BLVD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

4989 BOCAIRE BLVD
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-2324048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SACHS, PETER ESQ
SACHS, SAX & KLEIN, P.A.
SUITE 4150, 301 YAMATO ROAD
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, HOWARD A
Address: 4989 BOCAIRE BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete
Name: BUCHHOLZ, DAVID
Address: 4989 BOCAIRE BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete
Name: SMITH, MORTON
Address: 4989 BOCAIRE BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: T ( ) Delete
Name: WINTRUB, WARREN
Address: 4989 BOCAIRE BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: S ( ) Delete
Name: KASHDEN, PAUL
Address: 4989 BOCAIRE BLVD
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COHEN, HOWARD R
Address: 4989 BOCAIRE BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: KASHDEN, PAUL
Address: 4989 BOCAIRE BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: T (X) Change ( ) Addition
Name: GALPER, MIRON
Address: 4989 BOCAIRE BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: S (X) Change ( ) Addition
Name: TULGAN, MARILYN
Address: 4989 BOCAIRE BLVD
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD R. COHEN P 04/28/2006

Electronic Signature of Signing Officer or Director — Date