

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # J52547

1. Entity Name
**COUNTRY CLUB HOMES OF BOCA RATON/PALM
BEACH, INC.**



Principal Place of Business
**7227 CLINTMOORE RD.
BOCA RATON, FL 34496 US**

Mailing Address
**7227 CLINTMOORE RD.
BOCA RATON, FL 34496 US**



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0012778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEVINE, JEFFREY A
6751 N FEDERAL HIGHWAY
STE 301
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ANSEL, JEROME V.
STREET ADDRESS	7227 CLINTMOORE RD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VP
NAME	REITSMA, RONALD A.
STREET ADDRESS	7227 CLINTMOORE RD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VP
NAME	KIRIACON, ARTHUR J
STREET ADDRESS	7227 CLINT MOORE RD
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80128-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08

Date

561-487-0700

Daytime Phone #