

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 23, 2009
Secretary of State**

DOCUMENT# N01000006867

Entity Name: BOCA PINES CLUB, INC.

Current Principal Place of Business:

9910 S.W. 14TH STREET
5
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

9910 S.W. 14TH STREET
5
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 65-1144451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CANDELARIA, CHARLES
174 NEWPORT K
DEERFIELD BEACH, FL 33442 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CANDELARIA, CHARLES
Address: 174 NEWPORT K
City-St-Zip: DEERFIELD BEACH, FL 33442

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

Title: VP () Delete
Name: MCCUBBIN, GEORGE C
Address: 21435 SUMMERTRACE CIRCLE
City-St-Zip: BOCA RATON, FL 33428

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

Title: S () Delete
Name: SMITH, MAUREEN
Address: 8157 MIZNER LANE
City-St-Zip: BOCA RATON, FL 33433

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

Title: TR () Delete
Name: ZISSER, PAUL
Address: 9910 SANDALFOOT BLVD
City-St-Zip: BOCA RATON, FL 33428

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES CANDELARIA

PRES

06/23/2009

Electronic Signature of Signing Officer or Director

Date