2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000001089

1. Entity Name
ROTARY CLUB OF BOCA RATON SUNSET, INC.

Principal Place of Business	Mailing Address
200 WEST PALMETTO PARK ROAD SUITE 301 BOCA RATON, FL 33432	200 WEST PALMETTO PARK ROAD SUITE 301 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number
80-0122897

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, BARRY D
200 WEST PALMETTO PARK ROAD
SUITE 301
BOCA RATON, FL 33432

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERMAN, STEVEN M
STREET ADDRESS	20401 STATE ROAD 7 #G-10
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	D
NAME	LUSTIG, PHIL III
STREET ADDRESS	9937 MAJORCA PLACE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	SIEGEL, BARRY
STREET ADDRESS	200 WEST PALMETTO PARK ROAD, SUITE 301
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	CATOGGIO, CHRISTINE
STREET ADDRESS	10437 BOW CT
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	D
NAME	HEIZER, DOUGLAS
STREET ADDRESS	8198 MIZER LANE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	MIRRIONE, JOSEPH
STREET ADDRESS	PO BOX 810775
CITY-ST-ZIP	BOCA RATON, FL 33481

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02/11/08-90004-018 61.25

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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 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.

SIGNATURE: _____ 11/30/08 561-929-1968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #