


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 A
Secretary of State

DOCUMENT # N03065 1. Entity Name BOCA RATON INTERNATIONAL CLUB, INC.	
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Principal Place of Business C/O JENNY A JOTIC #509 859 JEFFERY ST. BOCA RATON, FL 33487 US	Mailing Address C/O JENNY A JOTIC #509 859 JEFFERY ST. BOCA RATON, FL 33487 US
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01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2473083	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 JOTIC, JENNY A #502 859 JEFFERY ST. BOCA RATON, FL 33487
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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 *Jenny Jotic* **PRESIDENT** **JENNY JOTIC** **1/21/05**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD JOTIC, JENNY #502 E 859 JEFFERY ST. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY ST ZIP	C BENNETT, HILDA 3210 S OCEAN BLVD., #802 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY ST ZIP	T NIZZOLA, MARIA 1180 S OCEAN BLVD., #12B BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY ST ZIP	VP RIGOT, CHRISTEL 50 EAST RD., BARR TERRACE, #6B DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY ST ZIP	D HOERNLE, HENRIETTA 6055 S. VERDE TRAIL BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D STOTT, ROBERT 21717 TOWN PLACE DR. BOCA RATON, FL 33433

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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.

SIGNATURE: *Maria Nizzola* **MARIA NIZZOLA** **1/21/05** **561.750.2022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #