

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90025 016 ****61.25

DOCUMENT # N03065 1. Entity Name BOCA RATON INTERNATNIONAL CLUB, INC.			
Principal Place of Business C/O JENNY A JOTIC 859 JEFFERY ST. # 509 BOCA RATON, FL 33487 US		Mailing Address C/O NESS LEBEL 7042 NW 3RD AVE BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box # 859 E JEFFERY ST # 509 Suite, Apt. #, etc. BOCA RATON FL City & State 33487 Zip U.S.A Country		3. Mailing Address WILLIAM STRONGE Suite, Apt. #, etc. 270 N.W. 38th STR. City & State BOCA RATON FL Zip 33431 Country USA	
4. FEI Number 59-2473083		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOTCHECK, ESTHER 7042 NW 3RD AVE BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name WILLIAM STRONGE Street Address (P.O. Box Number is Not Acceptable) 270 N.W. 38th STREET City BOCA-RATON FL Zip Code 33431	
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 <u><i>William B Stronge</i></u> WILLIAM B STRONGE 2/14/08 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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME KOTCHER, ESTHER STREET ADDRESS 7042 NW 3RD AVE CITY-ST-ZIP BOCA RATON, FL 33487	☒ Delete	TITLE PD NAME WILLIAM STRONGE STREET ADDRESS 270 N.W. 38th STREET CITY-ST-ZIP BOCA RATON FL 33431	☒ Change ☐ Addition
TITLE C NAME LEBEL, NESS STREET ADDRESS 5700 NW 2ND AVE # 601 CITY-ST-ZIP BOCA RATON, FL 33487	☒ Delete	TITLE C NAME KOTCHER ESTHER STREET ADDRESS 7042 NW 3RD AVE CITY-ST-ZIP BOCA RATON FL 33487	☒ Change ☐ Addition
TITLE T NAME NIZZOLA, MARIA STREET ADDRESS 1180 S OCEAN BLVD., #12B CITY-ST-ZIP BOCA RATON, FL 33432	☒ Delete	TITLE T NAME VIVIANA LEBEL STREET ADDRESS 5700 NW 2ND AVE # 601 CITY-ST-ZIP BOCA RATON FL 33487	☒ Change ☐ Addition
TITLE VP NAME LEBEL, NESS STREET ADDRESS 5700 NW 2ND AVE # 601 CITY-ST-ZIP BOCA RATON, FL 33487	☒ Delete	TITLE VP NAME MADELINE BLACKMAN STREET ADDRESS 4114 N.W. 2nd LANE CITY-ST-ZIP DELRAY-BEACH FL 33445	☒ Change ☐ Addition
TITLE D NAME HOERNLE, HENRIETTA STREET ADDRESS 6055 S. VERDE TRAIL CITY-ST-ZIP BOCA RATON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME STOTT, FE STREET ADDRESS 21717 TOWN BLARE DR CITY-ST-ZIP BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u><i>Viviana Lebel</i></u> VIVIANA LEBEL 2/14/08 561 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			