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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:15

DOCUMENT # N06641 (7)

1. Corporation Name
BOCA GREENS COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
19642 TROPHY DRIVE BOCA RATON FL 33498	19642 TROPHY DRIVE BOCA RATON FL 33498

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1984
3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-2444980 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

OFFENBERG, LOU
20144 BACK NINE DR
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name: Green, Myron
82 Street Address (P.O. Box Number is Not Acceptable): 19979 Back Nine Drive
83
84 City: Boca Raton FL 65 Zip Code: 33498

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Myron Green President 3/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	OFFENBERG, LOU	1.2 NAME	Green, Myron	
STREET ADDRESS	19642 TROPHY DR	1.3 STREET ADDRESS	19642 Trophy Drive	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	GREEN, MYRON	2.2 NAME	Sudman, Stanley	
STREET ADDRESS	19642 TROPHY DRIVE	2.3 STREET ADDRESS	19642 Trophy Drive	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	TD	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	KATZ, HAROLD	3.2 NAME	Simms, Irwin	
STREET ADDRESS	19642 TROPHY DRIVE	3.3 STREET ADDRESS	19642 Trophy Drive	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	VD	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	BROWN, DAN	4.2 NAME	Linick, Sidney	
STREET ADDRESS	19642 TROPHY DR.	4.3 STREET ADDRESS	19642 Trophy Drive	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	SD	5.1 TITLE	SD	☑ Change ☐ Addition
NAME	TANNEY, O. MORLEY	5.2 NAME	Shield, Helen	
STREET ADDRESS	19642 TROPHY DRIVE	5.3 STREET ADDRESS	19642 trophy Drive	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	FD	6.1 TITLE	PD	☑ Change ☐ Addition
NAME	LINICK, SID	6.2 NAME	Horbar, Stanley	
STREET ADDRESS	19642 TROPHY DR.	6.3 STREET ADDRESS	19642 Trophy Drive	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	Boca Raton, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Myron Green MYRON F. GREEN 3/28/95 (407) 852-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081800