FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N06641

(7)

BOCA GREENS COUNTRY CLUB, INC.

Principal Place of Business Mailing Address			F INDIVIENT UST MESTIN BATTA UTTIL ACOUNT		
19642 TROPHY DRIVE BOCA RATON FL 33498		19642 TROPHY DRIVE BOCA RATON FL 33498			
				3. Date Incorporated or Qualified 12/14/1984	3a. Date of Last Report 04/12/1995
 1	ace of Business	2a. Mailing Address		4. FEI Number 59-2444980	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable \$8.75 Additional
22		27	 		Fee Required
City & State		City & State			\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes No
	9. Name and Address of Cur		12-1	10. Name and Address of New Re	
operatory who have stanley					
GREEN,	myron therba	r, stanley	82 Street A	ddress (P.O. Box Number is Not Acceptable	
19979 BACKNINE DRIVE 10367 Camelback Cane 10367 Camelback Cake					
BOCA H	ATON FL 33498 BOLE	. Raton, FL 33	498 8	_	
		, .	84 City	nca. Ratan	FL 85 Zip Code 28
11. Pursuant I	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	s, the above named cor	poration submits this statement for the purp	ose of changing its registered office
or register	ed agent, or both, in the State of F the and accept the obligations of, S	lorida. Such change was authorize	d by the corporation's b	oard of directors. I hereby accept the appoint	ntment as régistered agent. Lam
SIGNATURE	ofuer le	-		1/23/	96
	Signature, typed or probabiliname of registered a		E: Registered Agent signature rec		DATE
12.	PD	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	GREEN, MYRON	DECETE	1.2 NAME	Horbar Stanley	 - <u></u>
STREET ADDRESS	19642 TROPHY DRIVE		1.3 STREET ADDRESS	19642 Trophy DRIVE	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP	19642 Trophy BRIVE BOOK ROTON, FL	
TITLE	VD	DELETE	2 1 TITLE		Change Addition
NAME	SUDMAN, STANLEY		2 2 NAME	Subman, stanley 19642 Trophy DR	
STREET ADDRESS	19642 TROPHY DRIVE		2 3 STREET ADDRESS	Roca Raton, Fl	
CITY - ST - ZIP TITLE	BOCA RATON FL VD	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE	VD	Change Maddition
NAME	SIMMS, IRWIN	₩ ₩	3 2 NAME	mckittrick, Les	Change Addition
STREE! ADDRESS	19642 TROPHY DRIVE		3 3 STREET ADDRESS	19642 Trophy DR	
CITY-ST-ZIP	BOCA RATON FL		3 4 CITY-SI-ZIP	Boca Raton, FL	
TITLE	TD	DELETE	4 1 TITLE	$T\lambda$	Change Addition
NAME	LINICK, SIDNEY		4 2 NAME	Linick, Sidney C.	
STREET ADDRESS	19642 TROPHY DRIVE		4.3 STREET ADDRESS	101.11_ =(VX)DIIV	•
CITY+ST-ZIP TIFLE	BOCA RATON FL SD	DELETE	4 4 CITY - ST - ZIP 5 1 TITLE	boca kanon, to	Change Addition
NAME	SHIELD, HELEN	Постен	5 2 NAME	BOCA RATION, FL SD Shield, Helen 19642 Trophy DR	☐ cisalite ☐ vagation
STREET ADDRESS	19642 TROPHY DRIVE		5 3 STREET ADDRESS	Phila Troopy DR.	
City-St-ZiP	BOCA RATON FL		5 4 CITY - ST- ZIP	Bora, Patron Fr.	
TITLE	PD	DELETE	6 1 TITLE	per la pe	Change Addition
NAME	HORBAR, STANLEY		6 2 NAME		
STREET ADDRESS	19642 TROPHY DRIVE		6 3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6 4 CITY - S1 - ZIP		

4. 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 (407) 852-8800 Destrict Phone 1