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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N06641

(7)

BOCA GREENS COUNTRY CLUB, INC.

FILED									
Feb 03 1997 8:00am									
Secretary of State									

Principal Place of Business Mailing Address					1 18 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
19642 TROPHY DRIVE 19642 TROPHY DRIV BOCA RATON FL 33498 BOCA RATON FL 3								
	2 00100		500,70,110,000			3. Date Incorporated or Qualified 12/14/1984	3a. Date of Last R 02/19/19	
2. Principal P	lace of Busi	ness	2a, Mailing A	ddress	***	4. FEI Number	Aj	pplied For
21			26			59-2444980 Not Applicable		ot Applicable
Suite, Apt. #, etc.			Suite, Ap	l. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
22			27			5. Certificate of Status Desired	Fee Re	equired
City & State	е		City & Sta	ate		6. Election Campaign Financing	\$5.00	May Be
23			28			Trust Fund Contribution		
Ziρ		Country	Zip	L.	Country	8. This corporation has liability for i		s. 199.032,
24		25	29	3()		Yes No	
	9, Name	and Address of Cur	rent Registered Age	nt		10. Name and Address of New Re	platered Agent	
HORBAR, STANLEY MCKITICK, Les 10367 CAMELBACK LANE BOCA RATON FL 33498 BOCA RATON FL 33498 BOCA RATON FL 33498 BOCA RATON FL 33498 BOCA RATON BI Name Littrick, Les B2 Street Address (P.O. Bok Number is Not Acceptable) 10579 Fenway PLACE BOCA RATON BOCA RATON BOCA RATON								
		-	, , , , ,	, ,	84 City		FL 65 Zip	Code
dd Dawrond	to the monit	iona of Captiona C17	0002 and 012 1600 F	Incide Otatuton	the above nemed	and a state of the		498
office or r	registered ag	gent, or both, in the St	tate of Florida. Such c	hange was aut	horized by the corp	corporation submits this statement for the p poration's board of directors. I hereby accep	of the appointment as	s registered
agent. I a	ım familiar y	RI, and accept the ot	oligations of, Section 6	617.0503, Florid	la Statutes.	$\overline{}$, temp
SIGNATURE	- (Jes	MILLA	wo	1	rsident	70	DATE / 199	/
12.	Signationer types	or printed name of registered	AND DIRECTORS	(NO) E	13.	a required when reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PD	OT TIOL TO		DELETE	1.1 TITLE	PD		32 Addition
NAME	, . –	R, STANLEY			1.2 NAME	McKittrick, Les		
STREET ADDRESS		ROPHY DRIVE			1.3 STREET ADDRESS		•	. [
		RATON FL				19642 Trophy Drive		
CITY-ST-ZIP TITLE	VD VD	MIUNTL		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Boca Raton, F1 33	☐ Change	Addition
NAME		N, STANLEY	h	<u></u>	2.2 NAME	Yentis, Jack	C. Ortoniga	Lang Francisco
)		ROPHY DRIVE			2.3 STREET ADDRESS	19642 Trophy DRIVE	>	
STREET ADDRESS		RATON FL				Boca Raton, F1 33	ก็อล	
CITY-ST-ZIP TITLE	VD	MIDHIL		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	VP.	☐ Change	Addition
NAME		IDIARN	haq	VICELLE	3.2 NAME	I millar Sam		, Cat Publica
	SIMMS,			•		19642 Trophy DRIV	'e	
STREET ADDRESS		'rophy drive Raton fl			3.3 STREET ADDRESS			ļ
CITY-ST-ZIP TITLE	TD	WION FL		DELETE	3.4. CITY-ST-ZIP	Boca Raton, Fl 33	498 ☐ Change	Addition
	•	CIDALEY		P DCCCTC		Treasurer	CALL CHARGE	Addition
NAME		SIDNEY			4. 2 NAME	Horbar, Stanley		
STREET ADDRESS		ROPHY DRIVE			4.3 STREET ADDRESS	19642 Trophy Drive	e ,	•
CITY-SY-ZIP		RATON FL		X DELETE	4.4 City-ST-ZIP	Boca Raton, Fl	Change	a Addition
TITLE	SD	UELEN	Ļ	EN OFFE IC	5.1 TITLE	SD	TI Custific	Addition
NAME		HELEN			5.2 NAME	Leisner, Morris	۸ ۸	Į
STREET ADDRESS		ROPHY DRIVE			5.3 STREET ADORESS.	19642 Trophy	NY P	ł
CITY - ST - ZIP		raton fl		DELETE	5.4 CITY-ST-ZIP	Boxa Raton, 76 33	<u> 446 </u>	Addisc
TITLE	PD		125	DELETE	6.1 TITLE		L Change	☐ Addition
NAME		R, STANLEY			6.2 NAME			
STREET ADDRESS	E .	ROPHY DRIVE			6.3 STREET ADDRESS	l .		
CITY-ST-ZIP	BOCA F	raton fl			6.4 CITY-ST-ZIP			

14. I do 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 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:

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15 1997 56 852 - 8800 Dayling Phone # 0048278