

FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06641 (7)**  
1. Corporation Name  
**BOCA GREENS COUNTRY CLUB, INC.**

Principal Place of Business <b>19642 TROPHY DRIVE BOCA RATON FL 33498</b>	Mailing Address <b>19642 TROPHY DRIVE BOCA RATON FL 33498</b>
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3. Date Incorporated or Qualified <b>12/14/1984</b>	
4. FEI Number <b>59-2444980</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCKITTRICK, LES  
10579 FENWAY PLACE  
BOCA RATON FL 33498**

10. Name and Address of New Registered Agent  
81. Name **Schwartz, William**  
82. Street Address (P.O. Box Number is Not Acceptable) **19380 Cherry Hills Terrace**  
83. City **Boca Raton** FL 85. Zip Code **33498**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *William Schwartz* **William Schwartz President**  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD "D" <input checked="" type="checkbox"/> DELETE <b>HORBAR, STANLEY <del>19642 TROPHY DRIVE</del> 10367 Camelback Ln BOCA RATON FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD "D" <input checked="" type="checkbox"/> DELETE <b>MCKITTRICK, LES 19642 TROPHY DRIVE BOCA RATON FL</b>	2.1 TITLE "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP "D" <input checked="" type="checkbox"/> DELETE <b>YENTIS, JACK 19642 TROPHY LANE BOCA RATON FL</b>	3.1 TITLE "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP "D" <input type="checkbox"/> DELETE <b>MILLER, SAM 19642 TROPHY DRIVE BOCA RATON FL</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T "D" <input type="checkbox"/> DELETE <b>HORBAR, STANLEY 19642 TROPHY DRIVE BOCA RATON FL</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD "D" <input checked="" type="checkbox"/> DELETE <b>LEISNER, MORRIS 19642 TROPHY DRIVE BOCARATON FL</b>	6.1 TITLE "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

VP **STANTON Bernstein  
19642 Trophy Drive  
BOCA RATON, FL**

P **William Schwartz  
~~19642 Trophy Drive~~ 19380 Cherry Hills Ter.  
BOCA RATON, FL 33498**

SA **Miller, SAM  
~~19642 Trophy Drive~~ 10179 Fresh Meadows Ln.  
BOCA RATON, FL 33498**

14. 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 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: *William Schwartz* **WILLIAM SCHWARTZ**

CR2E037 (10/97)