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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N06641**

1. Corporation Name

BOCA GREENS COUNTRY CLUB, INC.

Principal Place of Business

19642 TROPHY DRIVE
 BOCA RATON FL 33498

Mailing Address

19642 TROPHY DRIVE
 BOCA RATON FL 33498



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

12/14/1984

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

9. Name and Address of Current Registered Agent

SCHWARTZ, WILLIAM
 19380 CHERRY HILLS TERACE
 BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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*

3/10/99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **VPD BERNSTEIN, STANTON**
 STREET ADDRESS **19642 TROPHY DRIVE**
 CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **PD MCKITTRICK, LES**
 STREET ADDRESS **19642 TROPHY DRIVE**
 CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **PD SCHWARTZ, WILLIAM**
 STREET ADDRESS **19380 CHERRY HILLS TERR**
 CITY-ST-ZIP **BOCA RATON FL 33498**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VP MILLER, SAM**
 STREET ADDRESS **19642 TROPHY DRIVE**
 CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE Change Addition
 4.2 NAME **VPD Nelson, SAM**
 4.3 STREET ADDRESS **10468 AUGUSTA COURT**
 4.4 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE DELETE
 NAME **T HORBAR, STANLEY**
 STREET ADDRESS **19642 TROPHY DRIVE**
 CITY-ST-ZIP **BOCA RATON FL**

5.1 TITLE Change Addition
 5.2 NAME **TD**
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **SD MILLER, SAM**
 STREET ADDRESS **10179 FRESH MEADOW LN**
 CITY-ST-ZIP **BOCARATON FL 33498**

6.1 TITLE Change Addition
 6.2 NAME **SD KLEIN, HAROLA**
 6.3 STREET ADDRESS **10290 CAMELBACK LANE**
 6.4 CITY-ST-ZIP **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, with all other like empowered.

SIGNATURE: *William Schwartz* **WILLIAM SCHWARTZ**

3/18/99
 Date

Daytime Phone #

CR2F037-11/198