

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2004
Secretary of State**

DOCUMENT# N06641

Entity Name: BOCA GREENS COUNTRY CLUB, INC.

Current Principal Place of Business:

19642 TROPHY DRIVE
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

19642 TROPHY DRIVE
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 59-2444980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, RICHARD
10411 CANOE BROOK CIRCLE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABRAMS, RICHARD
Address: 19642 TROPHY DRIVE
City-St-Zip: BOCA RATON, FL

Title: 2VPD () Delete
Name: MARCUS, JOHN
Address: 19642 TROPHY DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: 1VPD () Delete
Name: DACHMAN, ROBERT
Address: 19642 TROPHY DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: T () Delete
Name: LONEY, IRVING
Address: 19642 TROPHY DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: S () Delete
Name: MILLER, SAM
Address: 19642 TROPHY DRIVE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VPD (X) Change () Addition
Name: HORBAR, STANLEY
Address: 19642 TROPHY DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: T (X) Change () Addition
Name: MILLER, SAM
Address: 19642 TROPHY DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: S (X) Change () Addition
Name: SINGER, ELLEN
Address: 19642 TROPHY DRIVE
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD ABRAMS

PD

01/15/2004

Electronic Signature of Signing Officer or Director

Date