2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06641

FILED Jan 05, 2005 Secretary of State

Entity Name: BOCA GREENS COUNTRY CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

19642 TROPHY DRIVE BOCA RATON, FL 33498

Current Mailing Address: New Mailing Address:

19642 TROPHY DRIVE BOCA RATON, FL 33498

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABRAMS, RICHARD

10411 CANOE BROOK CIRCLE

BOCA RATON, FL 33498 US

HORBAR, STANLEY

10367 CAMELBACK LANE

BOCA RATON, FL 33498 US

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: STANLEY HORBAR 01/05/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 ABRAMS, RICHARD
 Name:
 HORBAR, STANLEY

 Address:
 19642 TROPHY DRIVE
 Address:
 19642 TROPHY DRIVE

 City-St-Zip:
 BOCA RATON, FL
 City-St-Zip:
 BOCA RATON, FL

 Title:
 2VPD () Delete
 Title:
 1VPD (X) Change () Addition

 Name:
 MARCUS, JOHN
 Name:
 SOLAZZO, LIZ

Address: 19642 TROPHY DRIVE Address: 19642 TROPHY DRIVE
City-St-Zip: BOCA RATON, FL 33498
City-St-Zip: BOCA RATON, FL 33498

Title: 1VPD () Delete Title: SECR (X) Change () Addition

 Name:
 HORBAR, STANLEY
 Name:
 SINGER, ELLEN

 Address:
 19642 TROPHY DRIVE
 Address:
 19642 TROPHY DRIVE

 City-St-Zip:
 BOCA RATON, FL 33498
 City-St-Zip:
 BOCA RATON, FL 33498

Title: T () Delete Title: () Change () Addition

 Name:
 MILLER, SAM
 Name:

 Address:
 19642 TROPHY DRIVE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33498
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 SINGER, ELLEN
 Name:

 Address:
 19642 TROPHY DRIVE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33498
 City-St-Zip:

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: STANLEY HORBAR PD 01/05/2005