

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90084 034 ****61.25

DOCUMENT # N06641					
1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2444980	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HORBAR, STANLEY 10367 CAMELBACK LANE BOCA RATON, FL 33498			Name <u>SOLAZZO, ELIZABETH</u> Street Address (P.O. Box Number is Not Acceptable) <u>10403 CANOE BROOK CIRCLE</u> City <u>BOCA RATON</u> FL Zip Code <u>33498</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> Signature typed or printed name of registered agent and title if applicable			DATE <u>1/31/07</u> Date		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORBAR, STANLEY		NAME		
STREET ADDRESS	19642 TROPHY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	1VPD	<input type="checkbox"/> Delete	TITLE	<u>PRESIDENT</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLAZZO, LIZ		NAME		
STREET ADDRESS	19642 TROPHY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP		
TITLE	SECR	<input checked="" type="checkbox"/> Delete	TITLE	<u>SECRETARY</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JACOBSON, BOB		NAME	<u>ELLEN SINGER</u>	
STREET ADDRESS	19642 TROPHY DRIVE		STREET ADDRESS	<u>19642 TROPHY DR</u>	
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	<u>BOCA RATON, FL 33498</u>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<u>TREASURER</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SOLAZZO, LIZ		NAME	<u>MICHAEL LIDDLE</u>	
STREET ADDRESS	19642 TROPHY DRIVE		STREET ADDRESS	<u>19642 TROPHY DRIVE</u>	
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	<u>BOCA RATON, FL 33498</u>	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete	TITLE	<u>VICE PRESIDENT</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ABRAMS, RICHARD		NAME	<u>DANIEL TWER</u>	
STREET ADDRESS	19642 TROPHY DRIVE		STREET ADDRESS	<u>19642 TROPHY DRIVE</u>	
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	<u>BOCA RATON, FL 33498</u>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>1/31/07</u> Date		DAYTIME PHONE: <u>561 952 9200</u> Daytime Phone #

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