
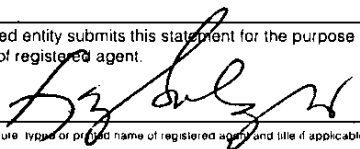
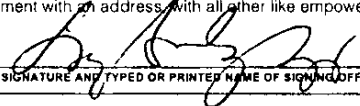


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N06641</b> 1. Entity Name <b>BOCA GREENS COUNTRY CLUB, INC.</b>					
Principal Place of Business <b>19642 TROPHY DRIVE BOCA RATON, FL 33498</b>			Mailing Address <b>19642 TROPHY DRIVE BOCA RATON, FL 33498</b>		
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 <b>59-2444980</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HORBAR, STANLEY 10367 CAMELBACK LANE BOCA RATON, FL 33498</b>				7. Name and Address of New Registered Agent Name <b>SOLAZZO, ELIZABETH</b> Street Address (P.O. Box Number is Not Acceptable) <b>10403 CANOE BROOK CIRCLE</b> City <b>BOCA RATON</b> FL Zip Code <b>33498</b>	
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  DATE <b>1/31/07</b> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORBAR, STANLEY 19642 TROPHY DRIVE BOCA RATON, FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD SOLAZZO, LIZ 19642 TROPHY DRIVE BOCA RATON, FL 33498	<input type="checkbox"/> Delete		PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR JACOBSON, BOB 19642 TROPHY DRIVE BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete		SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ELLEN SINGER 19642 TROPHY DR BOCA RATON, FL 33498</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLAZZO, LIZ 19642 TROPHY DRIVE BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete		TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MICHAEL LIDDLE 19642 TROPHY DRIVE BOCA RATON, FL 33498</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD ABRAMS, RICHARD 19642 TROPHY DRIVE BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete		VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DANIEL TWEB 19642 TROPHY DRIVE BOCA RATON, FL 33498</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE <b>1/31/07</b> DAYTIME PHONE # <b>561 852 8200</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					