

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90027 028 \*\*\*\*61.25

**DOCUMENT # N07223**

1. Entity Name  
**STONEBRIDGE GOLF AND COUNTRY CLUB OF BOCA  
RATON, INC.**



Principal Place of Business  
**10343 STONEBRIDGE BLVD  
BOCA RATON, FL 33498-6443**

Mailing Address  
**10343 STONEBRIDGE BLVD  
BOCA RATON, FL 33498-6443**

**40000273**



01042005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2539217**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BIVELACQUE, CATHY  
10343 STONEBRIDGE BLVD  
BOCA RATON, FL 33498**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MESHEL, LEON  
STREET ADDRESS 10343 STONEBRIDGE BLVD.  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE VD  
NAME WEINSTEIN, MARVIN  
STREET ADDRESS 10343 STONEBRIDGE BLVD.  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE SD  
NAME GOLDEN-WINTERS, LYNNE  
STREET ADDRESS 10343 STONEBRIDGE BLVD  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE TD  
NAME DASH, MARTIN  
STREET ADDRESS 1034 STONEBRIDGE BLVD  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-488-0800**