

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09043

(3)

1. Corporation Name

BOCA WEST COUNTRY CLUB, INC.

Principal Place of Business

P O BOX 3070
BOCA RATON FL 33431-7970

Mailing Address

P O BOX 3070
BOCA RATON FL 33431-7970



3. Date Incorporated or Qualified
05/02/1985

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2596122

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HRAWG CORP
2000 GLADES RD., SUITE 400
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

500001804335

84 City

05/02/96-01015-021
***61.25

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
SD	REYER, JERRY	20583 BOCA WEST DR	BOCA RATON FL	<input type="checkbox"/>
VD	DOPKINS, LEONARD	20583 BOCA WEST DR	BOCA RATON FL	<input checked="" type="checkbox"/>
VD	WEISS, HOWARD	20583 BOCA WEST DR	BOCA RATON FL	<input checked="" type="checkbox"/>
P	DIPIETRO, JAY	20583 BOCA WEST DR	BOCA RATON FL	<input type="checkbox"/>
TD	HAYFLICH, JERRY	20583 BOCA WEST DR	BOCA RATON FL	<input type="checkbox"/>
CD	BERNHARDT, LAWRENCE	20583 BOCA WEST DR	BOCA RATON FL	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	CHAIRMAN OF THE BOARD	← SAME		<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	SECRETARY	VIVIAN ALLEN	20583 BOCA WEST DR BOCA RATON FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	VICE PRESIDENT	MICHAEL SNEIDER	20583 BOCA WEST DR BOCA RATON FL	<input type="checkbox"/>	<input type="checkbox"/>
D	VICE PRESIDENT	← SAME		<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	TREASURER	MYLES WIEGENTHAL	20583 BOCA WEST DR BOCA RATON FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jay D. Pietro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY D. PIETRO

3-15-96 407-488-6990

Date

Daytime Phone #

CR2E037 (12/95)

5/1/96