

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90084 034 ****61.25

DOCUMENT # N09043

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/02/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2596122	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		25		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	D REYER, JERRY	1.1 TITLE	D WALTER LIPKIN
NAME	20583 BOCA WEST DR	1.2 NAME	20583 BOCA WEST DRIVE
STREET ADDRESS	BOCA RATON FL	1.3 STREET ADDRESS	BOCA RATON FL 33434
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ALLEN, VIVIAN	2.1 TITLE	
NAME	20583 BOCA WEST DR	2.2 NAME	
STREET ADDRESS	BOCA RATON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SNEIDER, MICHAEL	3.1 TITLE	
NAME	20583 BOCA WEST DR	3.2 NAME	
STREET ADDRESS	BOCA RATON FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DIPIETRO, JAY	4.1 TITLE	P
NAME	20583 BOCA WEST DR	4.2 NAME	
STREET ADDRESS	BOCA RATON FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D TRIPODI, PAUL	5.1 TITLE	
NAME	20583 BOCA WEST DRIVE	5.2 NAME	
STREET ADDRESS	BOCA RATON FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D LECHNER, MELVIN	6.1 TITLE	
NAME	20583 BOCA WEST DRIVE	6.2 NAME	
STREET ADDRESS	BOCA RATON FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 (561) 488-6966

Date

Daytime Phone #

CR2E037 (11/98)