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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 17, 1996 08:00 AM  
Secretary of State

DOCUMENT # N12390

(3)

1. Corporation Name

BOCA TEECA COUNTRY CLUB, INC.

Principal Place of Business

5800 NW 2ND AVE.  
BOCA RATON FL 33487

Mailing Address

5800 NW 2ND AVE.  
BOCA RATON FL 33487

3. Date Incorporated or Qualified  
12/05/1985

3a. Date of Last Report  
04/19/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILES, ANNE  
5800 N.W. 2ND AVENUE  
BOCA RATON FL 33487

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 PD  
NAME MURATORE, JOHN  
STREET ADDRESS 5800 NW 2ND AVENUE  
CITY-ST-ZIP BOCA RATON FL  
☒ DELETE

1.1 TITLE PD  
1.2 NAME ELLIS ROBINSON  
1.3 STREET ADDRESS 5800 NW 2ND AVENUE  
1.4 CITY-ST-ZIP BOCA RATON, FL. 33487  
☒ Change ☐ Addition

TITLE VPD  
NAME ROBINSON, ELLIS  
STREET ADDRESS 5800 NW 2ND AVE.  
CITY-ST-ZIP BOCA RATON FL  
☒ DELETE

2.1 TITLE VPD  
2.2 NAME EDMOND CHINCHILLO  
2.3 STREET ADDRESS 5800 NW 2ND AVENUE  
2.4 CITY-ST-ZIP BOCA RATON, FL. 33487  
☒ Change ☐ Addition

TITLE VPD  
NAME CHINCHILLO, EDMOND  
STREET ADDRESS 5800 NW 2ND AVE.  
CITY-ST-ZIP BOCA RATON O  
☒ DELETE

3.1 TITLE VPD  
3.2 NAME MARION DIAMOND  
3.3 STREET ADDRESS 5800 NW 2ND AVENUE  
3.4 CITY-ST-ZIP BOCA RATON, FL. 33487  
☒ Change ☐ Addition

TITLE SD  
NAME DIAMOND, MARION  
STREET ADDRESS 5800 NW 2ND AVENUE  
CITY-ST-ZIP BOCA RATON FL  
☒ DELETE

4.1 TITLE SD  
4.2 NAME CECIL ARNHEIM  
4.3 STREET ADDRESS 5800 NW 2ND AVENUE  
4.4 CITY-ST-ZIP BOCA RATON, FL. 33487  
☐ Change ☒ Addition

TITLE TD  
NAME KAUFMAN, EVERETT  
STREET ADDRESS 5800 NW 2ND AVE.  
CITY-ST-ZIP BOCA RATON FL  
☒ DELETE

5.1 TITLE TD  
5.2 NAME JOHN FORZANI  
5.3 STREET ADDRESS 5800 NW 2ND AVENUE  
5.4 CITY-ST-ZIP BOCA RATON, FL. 33487  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)