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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N12390

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/05/1985

4. FEI Number

59-2641578

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

9. Name and Address of Current Registered Agent

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

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

TITLE **VD** ☐ DELETE

NAME **LANDAU, GEORGE**

STREET ADDRESS **5800 NW 2ND AVE**

CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **PD** ☐ DELETE

NAME **CHINCHILLO, EDMOND**

STREET ADDRESS **5800 NW 2ND AVE.**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **VPD** ☐ DELETE

NAME **LUCK, LEONARD**

STREET ADDRESS **5800 NW 2ND AVENUE**

CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **SD** ☐ DELETE

NAME **ARNHEIM, CEIL**

STREET ADDRESS **5800 NW 2ND AVENUE**

CITY-ST-ZIP **BOCA RATON FL**

TITLE **TD** ☐ DELETE

NAME **POLY, ARTHUR**

STREET ADDRESS **5800 NW 2ND AVE**

CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

Res. 3/12/99

561/994-0400

CR2E037 (11/98)