FILE NOW: FILING FEE'IS \$61.25

NONPROFIT CORPORATION. ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N15995

(6)

BOCA WOODS COUNTRY CLUB ASSOCIATION, INC.

- 1 - 1 1					
Principal Place of Business Mailing Address				F KERPINAN AND DINDA ANIM EQUIE (BIB)	BIEL MINN MANN MANN MENEL MERN MINN 1981
10471 BOCA WOODS LANE 10471 BOCA WOODS BOCA RATON FL 33428 BOCA RATON FL 3342					
				3. Date Incorporated or Qualified 07/22/1986	3a. Date of Last Report 02/13/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 59-2720777	Applied For
21		26		59-2120111	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, et	c.	Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23) Zip	Gountry	Zip	Country	8. This corporation has liability for it	
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
10851 BC	RG, ROBERT DCA WOODS LANE JTON FL 33428		81 Nam 82 Stree 83	Morton Weissman at Address (P.O. Box Number is Not Acceptable 10207 Sunset Bend	
			84 City	Dogo Doton	FL 85 Zip Code 33428
•	047.0500	1047 4500 Florido C	itat tas the shows percent	Boca Raton	
11. Pursuant to or registere	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid	and 617.1508, Florida S a. Such change was au	thorized by the corporation	corporation submits this statement for the pur i's board of directors. I hereby accept the appo	ointment as registered agent. I am
 familiar with 	h, and accept the obligations of, Section	on 617.0503, Florida Sta	atutes.	n Wasseran	
SIGNATURE _	Morton Weissman Signature, typed or printed name of registered agont a	/Treasurer	(NOTE: Registered Agent signatu		DATE
12.	OFFICERS AND		- 13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD	DELETE	1.1 TITLE	President PD	Change Addition
NAME	WEISSMAN, MORTON		1.2 NAME	Morton Farber MD	
STREET ADDRESS	10207 SUNSET BEND DRIVE		1.3 STREET ADDRES	S 10224 Sunset Bend	Dr.
CHY-ST-ZIP	BOCA RATON FL	Mor. cr	1.4 CIPY ST-ZIP	Booa Raton, FL 3	
TITLE	VPD	DELETE		Vice-President -VP	D Mounds Dyonnon
NAME	FARBER, MORTON MD 10224 SUNSET BEND DRIVE		2.2 NAME	Grace C. Lowell	
STREET ADDRESS	BOCA RATON FL		2.3 STREET ADORES	1 TITOT CIOVEL DEGI	Circle
CHY-ST-ZIP	SD SD	DELETE	2. 4 CITY+ST-ZIP 3 1 TITLE	Boca Raton, FL 33	1 Change ☐ Addition
TITLE NAME	PADORR, PETER		3.2 NAME	Peter Padorr SD	• •
STREET ADDRESS	11139 BOCA WOODS LANE		3.3 STREET ADDRES		Lane
CHTY-ST-ZIP	BOCA RATON FL		3 4. CITY - ST - 2IP		3428
TIFLE	1	DELETI		Treasurer- TD	☐ Change ☐ Addition
NAME	GOLDBERG, ROBERT		4. 2 NAME	Morton Weissman	
STREET ADDRESS	10851 BOCA WOODS LANE		4 3 STREET ADDRE	s 10207 Sunset Bend	
CITY-ST-ZIP	BOCA RATON FL		44 CITY-ST-ZIP	Boca Raton, FL 3	3432
TITLE		DELET	E 5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME	90000174 	40339
STREET ADDRESS			5 3 STREET ADDRE	s -03/12/9601:	116020
CITY-ST-ZIP		Пост	5.4 CITY-ST-ZIP	***61.25	Change Addition
TITLE		DELET		1	C. Criminge C. Accounter
NAME			62 NAME	es l	Salar
STREET ADDRESS			6 3 STREET ADDRE	22	- 3/1
CITY-ST-ZIP	w certify that the information supplied	vith this filing is voluntari	64 CITY-ST-ZIP	qualify for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
certify that	the information indicated on this annu	al report or supplement ration or the receiver or	al annual report is true and trustee empowered to ex	accurate and that my signature shall have the cute this report as required by Chapter 617, Fi	Sattle legal ellegt as il tilage giloe

SIGNATURE: SIGNATURE: 1-18-96 (407) 487-2800

2F037 (12/95)