FILE NOW: FILING FEE IS $61.25

FILED
Apr 07, 1999 8:00 am
Secretary of State
04-07-1999 90126 037 ****61.25

0043107

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N15995**

1. Corporation Name
BOCA WOODS COUNTRY CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10471 BOCA WOODS LANE BOCA RATON FL 33428	10471 BOCA WOODS LANE BOCA RATON FL 33428

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 07/22/1986

4. FEI Number: 59-2720777 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

WEISSMAN, MORTON
10207 SUNSET BEND DR.
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name
82 Str
83
84 Cit

Bernard Grabelsky
11410 Boca Woods Lane
Boca Raton, FL 33428

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	WEISSMAN, MORTON		1.2 NAME	Bernard Grabelsky	
STREET ADDRESS	10207 SUNSET BEND DRIVE		1.3 STREET ADDRESS	11410 Boca Woods Lane	
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	FARBER, MORTON MD		2.2 NAME	Grace C. Lowell	
STREET ADDRESS	10224 SUNSET BEND DRIVE		2.3 STREET ADDRESS	11282 Clover Leaf Circle	
CITY-ST-ZIP	BOCA RATON FL 33428		2.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	EDELSON, STANLEY		3.2 NAME		
STREET ADDRESS	10454 BOCA WOODS LANE		3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	LOWELL, GRACE C		4.2 NAME	Richard Hendler	
STREET ADDRESS	11282 CLOVER LEAF CIR.		4.3 STREET ADDRESS	10740 river glen drive	
CITY-ST-ZIP	BOCA RATON FL 33428		4.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 (561) 487-2800
Date Daytime Phone #