2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N15995

1. Entity 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

DO NOT WRITE IN THIS SPACE

01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2720777

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIRSCHFELD, LEON
10471 BOCA WOODS LANE
BOCA RATON, FL 33428

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 1-6-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000094115
03/22/04-80046-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SHEFTER, ALAN
STREET ADDRESS	10795 WHITE ASPEN LANE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	PD
NAME	SAYPOL, EUGENE S
STREET ADDRESS	21715 OLD BRIDGE TRL
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	S
NAME	GOLDENBERG, ALVIN
STREET ADDRESS	11126 CLOVER LEAF CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	S
NAME	ENTINE, JOESEPH DR
STREET ADDRESS	10710 BOCA WOODS LANE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VPD
NAME	EDELSON, STANLEY
STREET ADDRESS	10454 BOCA WOODS LANE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VPD
NAME	LEOPOLD, SIDNEY
STREET ADDRESS	10176 SUNSET BEND DR
CITY-ST-ZIP	BOCA RATON, FL 33428

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 1-6-04 (561)487-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Eugene Saypol