

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 10471 BOCA WOODS LANE BOCA RATON, FL 33428	Mailing Address 10471 BOCA WOODS LANE BOCA RATON, FL 33428
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DO NOT WRITE IN THIS SPACE

01052004 No Chg-NP CR2E037 (10/03)

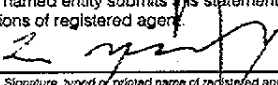
4. FEI Number 59-2720777	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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:  DATE: **1-6-2004**

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

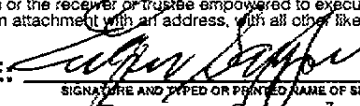
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000094115 03/22/04-80048-012 61.25
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10. OFFICERS AND DIRECTORS

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