

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90109 027 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		14016524  04282005 Chg-NP CR2E037 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
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			7. Name and Address of New Registered Agent Name Christina Miller 10471 Boca Woods Lane City Boca Raton, FL 33428		
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 <u>Christina Miller</u> <i>Christina Miller</i> 4/28/2005 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, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEFTER, ALAN 10795 WHITE ASPEN LANE BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAYPOL, EUGENE S 21715 OLD BRIDGE TRL BOCA RATON, FL 33428 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stanley Edelson 10454 Boca Woods Lane Boca Raton, FL 33428 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDENBERG, ALVIN 11126 CLOVER LEAF CIRCLE BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ENTINE, JOSEPH DR 10710 BOCA WOODS LANE BOCA RATON, FL 33428 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Burton Katz 10598 Boca Woods Lane Boca Raton, FL 33428 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EDELSON, STANLEY 10454 BOCA WOODS LANE BOCA RATON, FL 33428 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Sheldon Rappaport 10587 Boca Woods Lane Boca Raton, FL 33428 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEOPOLD, SIDNEY 10176 SUNSET BEND DR BOCA RATON, FL 33428 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Sheldon Rappaport 10587 Boca Woods Lane Boca Raton, FL 33428 ☐ Change ☒ Addition		
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, without other like empowered.					
SIGNATURE: <i>Arthur Bragg</i>		Arthur Bragg/COO		4/28/2005 (561) 487-2800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	