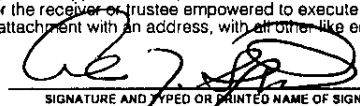


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90400 021 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2720777	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, CHRISTINA 10471 BOCA WOODS LANE BOCA RATON, FL 33428				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ 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, 2006		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	T	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SHEFTER, ALAN			NAME	
STREET ADDRESS	10795 WHITE ASPEN LANE			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428			CITY-ST-ZIP	
TITLE	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	EDELSON, STANLEY			NAME	
STREET ADDRESS	10454 BOCA WOODS LANE			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428			CITY-ST-ZIP	
TITLE	S	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	GOLDENBERG, ALVIN			NAME	
STREET ADDRESS	11126 CLOVER LEAF CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428			CITY-ST-ZIP	
TITLE	VPD	☒ Delete		TITLE	☐ Change ☒ Addition
NAME	KATZ, BURTON			NAME	VPD
STREET ADDRESS	10598 BOCA WOODS LANE			STREET ADDRESS	HOWARD FREIDBERG
CITY-ST-ZIP	BOCA RATON, FL 33428			CITY-ST-ZIP	10929 BOCA WOODS LN BOCA RATON, FL 33428
TITLE	VPD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	RAPPAPORT, SHELDON			NAME	
STREET ADDRESS	10587 BOCA WOODS LANE			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without the empowerment.					
SIGNATURE:  TIGMS 4/6/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

400311



04042006 Chg-NP CR2E037 (11/05)