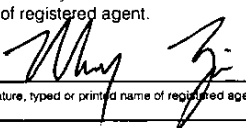
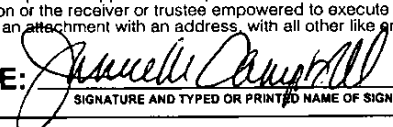


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90032 020 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2720777	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIRMAN, MURRAY 10471 BOCA WOODS LANE BOCA RATON, FL 33428				7. Name and Address of New Registered Agent 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 		MURRAY ZIRMAN		DATE 4/7/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 CAMPBELL, JANICE 11110 BOCA WOODS LN BOCA RATON, FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP PLATNER, ALAN 11379 BOCA WOODS LN BOCA RATON, FL 33428	☐ Delete			
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	PD FRIEDBERG, HOWARD 10929 BOCA WOOD LN BOCA RATON, FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP KATZ, BURTON 10598 BOCA WOODS LANE BOCA RATON, FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMAN, ROBERT 11117 HIGHLAND CIRCLE BOCA RATON, FL. 33428	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
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 all other like empowered.					
SIGNATURE: 		JANICE M CAMPBELL		TREASURER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	