

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/21

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-21-2003 90106 025 ****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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIRSCHFELD, LEON
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 date if applicable.

Leon Hirschfeld

1-6-2003

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

TITILE ☐ Delete
NAME **T SHEFTER, ALAN**
STREET ADDRESS **10795 WHITE ASPEN LANE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME **PD SAYPOL, EUGENE S**
STREET ADDRESS **21715 OLD BRIDGE TRL**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME **S SECRETARY GOLDENBERG, ALVIN**
STREET ADDRESS **11128 CLOVER LEAF CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITILE ☐ Change ☒ Addition
NAME **Assistant Secretary**
STREET ADDRESS **Dr. Joseph Entine**
CITY-ST-ZIP **10710 Boca Woods Lane**
Boca Raton, FL 33428

TITILE ☒ Delete
NAME **VPD HENDLER, RICHARD**
STREET ADDRESS **10740 RIVER GLEN DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME **1st Vice-President VPD Stanley Edelson**
STREET ADDRESS **10454 Boca Woods Lane**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITILE ☐ Change ☒ Addition
NAME **1st Vice President VPD Stanley Edelson**
STREET ADDRESS **10454 Boca Woods Lane**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITILE ☐ Delete
NAME **2nd Vice-President Sidney Leopold**
STREET ADDRESS **10176 Sunset Bend Drive**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITILE ☐ Change ☒ Addition
NAME **2nd Vice-President Sidney Leopold**
STREET ADDRESS **10176 Sunset Bend Drive**
CITY-ST-ZIP **Boca Raton, FL 33428**

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:

PRESIDENTURE REQUIRED

(561) 487-2800 1/6/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Eugene Saypol**

Date

Daytime Phone #

CR2E037 (10/02)