

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18735** (3)

1. Corporation Name
BOYNTON BEACH MUNICIPAL MEN'S GOLF ASSOCIATION, INC.



Principal Place of Business: **8020 809 RD. BOYNTON BEACH FL 33436**
Mailing Address: **4035 N SHADY LANE BOYNTON BEACH FL 33436 US**

3. Date Incorporated or Qualified: **01/13/1987**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2495306	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SPOO, HENRY R.
4035 NORTH SHADY LANE
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: HENRY R. SPOO SECTY. *Henry R. Spoo* 1/22/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when instituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOO, HENRY R.	1.2 NAME	SPOO, HENRY
STREET ADDRESS	4035 NORTH SHADY LANE	1.3 STREET ADDRESS	4035 'N SHADY LN
CITY - ST - ZIP	BOYNTON BEACH FL	1.4 CITY - ST - ZIP	BOYNTON BEACH FL 33436
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	MICHAEL EDDELSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWLER, JAMES	2.2 NAME	1888 ARGOSY DR.
STREET ADDRESS	5211 MINTO RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR, TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANDREA, CHESTER	3.2 NAME	MICHAEL EDDELSON
STREET ADDRESS	557 COVERED BRIDGE BLVD	3.3 STREET ADDRESS	1888S ARGOSY DR.
CITY - ST - ZIP	LAKE WORTH FL	3.4 CITY - ST - ZIP	BOCA RATON, FL, 33496
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR, PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDDEN, GEORGE	4.2 NAME	MICHAEL FORTE
STREET ADDRESS	1635 PALM LAND DRIVE	4.3 STREET ADDRESS	9845 BISCHOFFIA TRAILWAY B
CITY - ST - ZIP	BOYNTON BEACH FL	4.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33436
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYTEN, ANDREW	5.2 NAME	PAUL SULLIVAN
STREET ADDRESS	621 E. SEAPINE WAY	5.3 STREET ADDRESS	5139 WOODSTONE CIRCLE E
CITY - ST - ZIP	BOYNTON BEACH FL	5.4 CITY - ST - ZIP	LAKE WORTH FL 33463
TITLE	DP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIFIORE, SAL	6.2 NAME	HASKELL OSBAND
STREET ADDRESS	230 NE 26TH AVE APT 413	6.3 STREET ADDRESS	10828 LAKE PALM LANE
CITY - ST - ZIP	BOYNTON BEACH FL	6.4 CITY - ST - ZIP	BOYNTON BEACH FL 33437

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henry R. Spoo Henry R Spoo Secty 1/22/96 407-732-0566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)