


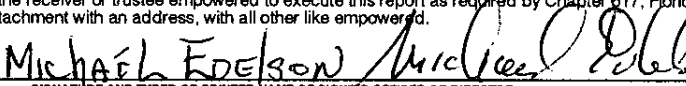


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90016 020 \*\*\*\*61.25

<b>DOCUMENT # N18735</b>			
1. Entity Name <b>BOYNTON BEACH MUNICIPAL MEN'S GOLF ASSOCIATION, INC.</b>		Principal Place of Business <b>8020 809 RD. BOYNTON BEACH, FL 33436</b>	
Mailing Address <b>4035 N SHADY LANE BOYNTON BEACH, FL 33436 US</b>		<b>24001234</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2495306</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPOO, HENRY R. 4035 NORTH SHADY LANE BOYNTON BEACH, FL 33436		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: 		DATE: 	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOO, HENRY R.	NAME	
STREET ADDRESS	4035 NORTH SHADY LANE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWLER, JAMES	NAME	
STREET ADDRESS	5211 MINTO RD	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANDREA, CHESTER	NAME	
STREET ADDRESS	557 COVERED BRIDGE BLVD	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDEN, GEORGE	NAME	SID OBIAS
STREET ADDRESS	1635 PALMLAND DR	STREET ADDRESS	6219 Long Key LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, PAUL	NAME	
STREET ADDRESS	5139 WOOD STONEFINE LN E	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSON, MICHAEL	NAME	
STREET ADDRESS	188885 ARGOSY DR.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33456	CITY-ST-ZIP	
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 empowerment.			
SIGNATURE: 		DATE: 1/8/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 50812-0976	