


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N18735		
1. Entity 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
DO NOT WRITE IN THIS SPACE		
		01042005 No Chg-NP CR2E037 (10/03)
4. FEI Number 59-2495306		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SPOO, HENRY R. 4035 NORTH SHADY LANE BOYNTON BEACH, FL 33436		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPOO, HENRY R. 4035 NORTH SHADY LANE BOYNTON BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWLER, JAMES 5211 MINTO RD BOYNTON BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DANDREA, CHESTER 557 COVERED BRIDGE BLVD LAKE WORTH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBLAS, SID 6219 LONG KEY AVE BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, PAUL 5139 WOOD STONEFINE LN E LAKE WORTH, FL 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EDELSON, MICHAEL 188885 ARGOSY DR. BOCA RATON, FL 33456	
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: <u>Michael Edelson</u> <u>Michael Edelson</u> 1/10/05 <u>SH-552-0976</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		