

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 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**



01062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2495306

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SPOO, HENRY R.
STREET ADDRESS	4035 NORTH SHADY LANE
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	D
NAME	LAWLER, JAMES
STREET ADDRESS	5211 MINTO RD
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	DV
NAME	DANDREA, CHESTER
STREET ADDRESS	557 COVERED BRIDGE BLVD
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	D
NAME	OBLAS, SID
STREET ADDRESS	6219 LONG KEY AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	D
NAME	SULLIVAN, PAUL
STREET ADDRESS	5139 WOOD STONEPINE LN E
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	DT
NAME	EDELSON, MICHAEL
STREET ADDRESS	188895 ARGOSY DR.
CITY-ST-ZIP	BOCA RATON, FL 33456

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Michael Edelson **Michael Edelson** 1/11/06 561-512-0976