

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90017 049 ****61.25

DOCUMENT # N20754

1. Entity Name

THE BOCA RATON BICYCLE CLUB, INC.



Principal Place of Business

PO BOX 810744
BOCA RATON FL 33481-744
US

Mailing Address

P.O. BOX 810744
BOCA RATON FL 33481-744
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0040610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICKLER, DAVID
22233 LARKSPUR TRAIL
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE: PRES
NAME: BRAVERMAN, DONALD ☐ Delete
STREET ADDRESS: 27A STRATFORD LANE WEST, APT. A
CITY-ST-ZIP: BOYNTON BEACH FL 33486

TITLE: SECR
NAME: FRIEDBERG, BARBARA ☐ Delete
STREET ADDRESS: 10416 BOW CT
CITY-ST-ZIP: BOCA RATON FL 33498

TITLE: TREA
NAME: DICKLER, DAVID ☐ Delete
STREET ADDRESS: 22233 LARKSPUR TRAIL
CITY-ST-ZIP: BOCA RATON FL 33433

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VICE PRESIDENT ☐ Change ☒ Addition
NAME: ROBERT SABIN
STREET ADDRESS: 6707 CONCH COURT
CITY-ST-ZIP: BOYNTON BEACH, FL 33437

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

David Dickler