


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90089 014 \*\*\*\*61.25

|   |  |   |
|---|--|---|
| <b>DOCUMENT # N20754</b>                            |  |  |
| 1. Entity Name<br>THE BOCA RATON BICYCLE CLUB, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>PO BOX 810744<br>BOCA RATON, FL 33481-744 US | Mailing Address<br>P.O. BOX 810744<br>BOCA RATON, FL 33481-744 US |
|---|---|

40100613



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

04302007 Chg-NP CR2E037 (12/06)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>DICKLER, DAVID<br>22233 LARKSPUR TRAIL<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS  |                                 |
|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |
| PRES<br>BRAVERMAN, DONALD<br>27A STRATFORD LANE WEST, APT. A<br>BOYNTON BEACH, FL 33486 |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |
| SECR<br>FRIEDBERG, BARBARA<br>10416 BOW CT<br>BOCA RATON, FL 33498                      |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |
| TREA<br>DICKLER, DAVID<br>22233 LARKSPUR TRAIL<br>BOCA RATON, FL 33433                  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |
| VP<br>SABIN, ROBERT<br>6707 CONCH CT<br>BOYNTON BEACH, FL 33437                         |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |
|   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete |
|   |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                         |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| PRES<br>SABIN, ROBERT<br>6707 CONCH CT<br>BOYNTON BEACH, FL 33437             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| VP<br>MELSTE, RICHARD<br>P.O. BOX 970666<br>BOCA RATON, FL 33497-0666         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TREA<br>HISTEL, PAMELA<br>6075 GLENDALE DR.<br>BOCA RATON, FL 33433           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| SECR<br>KATTEN, ROBERT<br>19670 SAWGRASS CIRCLE #3104<br>BOCA RATON, FL 33434 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |

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:**  **4/30/07** **561-241-4464**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #