

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

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N21171 1. Entity Name: BOCA RATON REPUBLICAN CLUB, INC.	
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Principal Place of Business P. O. BOX 2161 BOCA RATON, FL 33427-2161	Mailing Address P. O. BOX 2161 BOCA RATON, FL 33427-2161
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DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

FEAMAN, PETER M
700 S FEDERAL HIGHWAY
200
BOCA RATON, FL 33432



02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0151049	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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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 reinstating) DATE _____

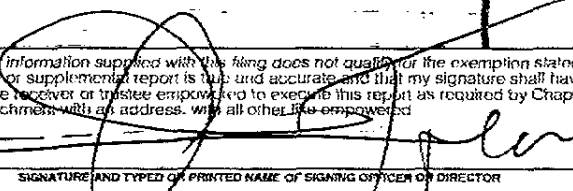
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000125472 04/22/04-80086-024 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P FEAMAN, PETER M. 700 S FEDERAL HWY #200 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD KENT, MARC 899 JEFFREY STREET 602 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T GOLDIN, ARNOLD S 5030 CHAMPION BLVD BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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IN THIS SPACE**

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 817, 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:  **4/19/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____