## 2005 NOT-FOR-PROFIT CORPORATION

## Apr 27, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N21171 94-27-2005 90348 022 \*\*\*\*61.25 BOCA RATON REPUBLICAN CLUB, INC. Principal Place of Business Mailing Address COLUPUUS P. O. BOX 2161 P. O. BOX 2161 BOCA RATON, FL 33427-2161 BOCA RATON, FL 33427-2161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 65-0151049 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FURNARI FEAMAN, PETER M Street Address (P.O. Box Number is Not Acceptable) 700 S FEDERAL HIGHWAY BOCA RATON, FL 33432 5191 DEERHURST CRESENT CIRCLE 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 SIGNATUR (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Addition FEAMAN, PETER M. NAME NAME STREET ADDRESS 700 S FEDERAL HWY #200 STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33432 CITY-ST-7IP VPD ☐ Change ☐ Addition **Delete** TITLE TITLE NAME KENT, MARC NAME STREET ADDRESS 899 JEFFREY STREET 602 STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-7IP CITY-ST-ZIP Oelete TITLE Addition TITLE GOLDIN, ARNOLD S NAME GOLDIN, ARNOLD S 5030 CHAMPION BIND # 56281 5030 CHAMPION BLVD STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-ZIP BOCARATM FL 33496 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE yvonne Boics NAME NAME 561 GOLDEN HARBOR DR STREET ADDRESS STREET ADDRESS BOCA RATION, FL 33432 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition JACK FURNARI NAME NAME 5191 DEERHURST CRESCENT CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 (X AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

FILED

Daytime Phone #