

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-13-2006 90031 011 ****61.25

DOCUMENT # N21171

1. Entity Name
BOCA RATON REPUBLICAN CLUB, INC.



Principal Place of Business
**P. O. BOX 2161
BOCA RATON, FL 33427-2161**

Mailing Address
**P. O. BOX 2161
BOCA RATON, FL 33427-2161**

40013216



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0151049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FURNARI, JACK
5191 DEERHURST CRESENT CIRCLE
BOCA RATON, FL 33486**

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

**Filing 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BOICE, YVONNE
561 GOLDEN HARBOR DRIVE
BOCA RATON, FL 33432** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FURNARI, JACK
5191 DEERHURST CRESCENT CIRCLE
BOCA RATON, FL 33486** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GOLDIN, ARNOLD S
5030 CHAMPION BLVD, #G6231
BOCA RATON, FL 33496** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
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CITY-ST-ZIP
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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 #

2/7/06