

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N22067

1. Entity Name
UNIVERSITY CLUB OF BOCA RATON, INC.



Principal Place of Business

**C/O DONALD E. ROSS
3601 N. MILITARY TRAIL
BOCA RATON, FL 33431**

Mailing Address

**C/O DONALD E. ROSS
3601 N. MILITARY TRAIL
BOCA RATON, FL 33431**



02062006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2840981

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSS, DONALD E.
3601 N. MILITARY TRAIL
BOCA RATON, FL 33431**

**DO NOT WRITE
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

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

100000447651
03/08/06-80066-009 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARVILLE, HUGH
KNOX AVE
JOHNSTOWN, NY 12095**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LANDGREN, ARTHUR E.
2707 SW 6TH STREET
DELRAY BEACH, FL 33445**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MORTIMER, JOHN
2825 CONCORD PIKE
WILMINGTON, DE 19803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ROSS, DONALD E.
2083 THATCH PALM DR.
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: by: *John Mortimer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN MORTIMER

2/15/06

561 237-7824

Date

Daytime Phone #