

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90193 021 ****70.00

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		
2. Principal Place of Business - No P.O. Box # C/O KEVIN M. ROSS Suite, Apt. #, etc. 3601 N MILITARY TRAIL		3. Mailing Address C/O KEVIN M. ROSS Suite, Apt. #, etc. 3601 N MILITARY TRAIL			
City & State BOCA RATON FL		City & State BOCA RATON FL			
Zip 33431	Country U.S.A.	Zip 33431	Country U.S.A.		
6. Name and Address of Current Registered Agent ROSS, DONALD E. 3601 N. MILITARY TRAIL BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name MARGARET E. RUDDY Street Address (P.O. Box Number is Not Acceptable) 3601 N MILITARY TRAIL City BOCA RATON FL Zip Code 33431		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE April 13, 2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVILLE, HUGH KNOX AVE JOHNSTOWN, NY 12095 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANDGREN, ARTHUR E. 2707 SW 6TH STREET DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTIMER, JOHN 2625 CONCORD PIKE WILMINGTON, DE 19803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, DONALD E. 2083 THATCH PALM DR. BOCA RATON, FL 33432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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:			JOHN J. MORTIMER April 13, 2007 561 237-7927		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40081236



04132007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2840981
Applied For
Not Applicable

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