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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000084878 (6)**

1. Corporation Name:
BOCA ISLES SOUTH CLUB, INC.

Principal Place of Business: **700 N.W. 107 AVENUE
MIAMI FL 33172**
Mailing Address: **700 N.W. 107 AVENUE
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **12/13/1993** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0456217** Applied For: ☐ Not Applicable: ☐
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State Apt. # etc.: **22** Suite Apt. # etc.: **27**
City & State: **23** City & State: **28**
ZIP: **24** Secondary: **25** ZIP: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSKY, MORRIS J ESQ.
700 N.W. 107 AVENUE
MIAMI FL 33172**

81. Name: **82** Street Address (P.O. Box Number is Not Acceptable): **83** **84** City: **FL** **85** Zip Code:

11. Pursuant to the provisions of Sections 607.05(2) and (3) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. (Sign)

SIGNATURE

(Signature of person accepting appointment as registered agent or registered agent)

(Signature of person accepting appointment as registered agent or registered agent)

(Signature of person accepting appointment as registered agent or registered agent)

12. OFFICERS AND DIRECTORS:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

1. NAME: **D MILLER, LEONARD**
STREET ADDRESS: **700 N.W. 107 AVENUE**
CITY, ST, ZIP: **MIAMI FL 33172**
2. NAME: **D BOLOTIN, IRVING**
STREET ADDRESS: **700 N.W. 107 AVENUE**
CITY, ST, ZIP: **MIAMI FL 33172**
3. NAME: **DS COLE, ROBERT B.**
STREET ADDRESS: **700 N.W. 107 AVENUE**
CITY, ST, ZIP: **MIAMI FL**
4. NAME: **D PEKOR, ALLAN J**
STREET ADDRESS: **700 N.W. 107 AVENUE**
CITY, ST, ZIP: **MIAMI FL 33172**
5. NAME: **AS SANTAELLA, GRANCE**
STREET ADDRESS: **700 NW 107 AVE.**
CITY, ST, ZIP: **MIAMI FL**

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Santaella, Grace

14. I, the undersigned, certify that the information supplied on this form is voluntarily furnished and does not comply with the provisions of Chapter 111, Florida Statutes, for the purpose of the information as indicated on this report or for any other purpose and that the corporation shall have the same legal effect as if made under oath. I am an officer or director of the corporation. The receipt of this report is required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on any statement with this report.

SIGNATURE:

Grace Santaella

Grace Santaella

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