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PROFIT CORPORATION ANNUAL REPORT

1996



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

S82326 **DOCUMENT #**

(7)

ST. TROPEZ AT BOCA GOLF, INC.

Principa! Place of Business

Mailing Address

AND FILED

APPROVED

96 APR 24 AM 10: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA



123 NW 13 S1 BOCA RATON FL 33432			123 NW 13 ST BOCA RATON FL 33432									
								Pate Incorporated 09/23/1991	or Qualified		e of Last F 4/26/19	
	ace of Business	2a. Maili	ing Address		•••		4 . F	El Number		_1	```	Applied For
21		26						65-0304086	3		[]	Not Applicable
Suite, Apt. #, etc. 22 2			e, Apt. #, etc.				5. C	Pertificate of Statu	s Desired			Additional
City & State		27 City	& State	··-			6 C	lection Campaign	Einanaina		••• •••	Required
23		28						rust Fund Contrib	•			O May Be d to Fees
Zip	Country	Zip		Counti	ry		8. TI	his corporation ha	s liability for i	intangible t		· · · · · · · · · · · · · · · · · · ·
24	25	29		30				lorida Statutes		X No		
	9. Name and Address of Cur	rent Hegistered	Agent	8	₹	Name	10. N	lame and Addre	ss of New R	egistered	Agent	_ _
CHADIDO	י מאיאם				']	Nattle						
SHAPIRO, DAVID 123 N.W. 13TH STREET				8:	2	Street Addre	ress (P.O.	. Box Number is I	Not Acceptab	le)		-
SUITE 300				8:	3							
	ATON FL 33432			-								
				84		City				FL		p Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Fi h, and accept the obligations of, Se	502 and 607.150 orida. Such chan ection 607.0505,	8, Florida Statutes ge was authorized Florida Statutes.	the above by the cor	-na por	med corpora ation's boar	ration sub ird of direc	mits this stateme ctors. I hereby ac	nt for the pur cept the appo	pose of cha pintment as	anging its registered	registered office Lagent. Lam
SIGNATURE												
12.	Signature, typod or printed name of registered ac	ont and title if applicable AND DIRECTORS			ent s	ignature required				DATE		
TITLE	PD	IND DINECTORS	DELETE	13.			AL	ODITIONS/CHAN	BES TO OFFI		DIRECTO Change	ORS IN 12 Addition
NAME	ENGELSTEIN, ALEC			1.2 NAME		- [•	,	_
STREET ADDRESS	123 N.W. 13TH STREET			1.3 STREE		ODRESS		Ş	300C -04/24/	0017	791	959
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-				-	-04/24/	960:	1013	-008
TITLE	DV		DELETE	2 1 TITLE	:				****20	0:00 [Change	Addition
NAME	ENGELSTEIN, HARRY			22 NAME								
STREET ADDRESS	123 N.W. 13TH STREET			2.3 STREE	T AC	DDRESS						
CITY - ST - ZIP	BOCA RATON FL DSTV		F) britis	2.4 CITY-		ZIP				- · · · · · · · · · · · · · · · · · · ·		
TITLE NAME	SHAPIRO, DAVID		DELETE	3. 1 TITLE						[Change	☐ Addition
STREET ADDRESS	123 N.W. 13TH STREET			3.2 NAME								
CITY-ST-7IP	BOCA RATON FL			3.3 STREE								
TITLE			DELETE	4. 1 TITLE						г	Change	Addition
NAME			•	4.2 NAME								
STREET ADDRESS				4.3 STREE		DRESS						
CITY-ST-ZI₽				4.4 CITY-	ST-7	ZIP						
TITLE			DELETE	5 1 TITLE		T					Change	Addition
NAME				52 NAME								
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NAME			T DETELE	6. 1 TITLE						L	Change	☐ Addition
STREE! ADDRESS				6 2 NAME		noneces						
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OH 1-O - EIF				0.4 CHY-	21.4	tir						

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on his agring alreport or supplemental annual 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 is director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 or an attachment with an address.

SIGNATURE:

FRER OR DIRECTOR

APRIL 11, 1996 (407) 391-4012

CR2E034 (12/95)