

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721176

**Entity Name:** BOCA REEF ASSOCIATION, INC.

**Current Principal Place of Business:**

3051 S. OCEAN BLVD.  
BOCA RATON, FL 33432

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC0272765892**

**Current Mailing Address:**

1215 E HILLSBORO BLVD  
DEERFIELD, FL 33441 US

**FEI Number: 59-1383226**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAMPBELL PROPERTY/MR. BRUCE CAMPBELL  
1233 E. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name DANIELS, DAVID  
Address 3051 S. OCEAN BLVD. #306  
City-State-Zip: BOCA RATON FL 33432

Title V  
Name NICRO, JOAN  
Address 3051 S OCEAN BLVD 405  
City-State-Zip: BOCA RATON FL

Title S/T  
Name STANZIALE, CONNIE  
Address 3051 S. OCEAN BLVD #301  
City-State-Zip: BOCA RATON FL 33432

Title P  
Name MERRELL, ROBERT  
Address 3051 S OCEAN BLVD #407  
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR  
Name DORRANS, JAMES  
Address 3051 S OCEAN BLVD #402  
City-State-Zip: BOCA RATON FL 33432

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES DORRANS**

**DIRECTOR**

**03/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date