

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

DOCUMENT# 724365

**Entity Name:** BOCA WEST MASTER ASSOCIATION, INC.**Current Principal Place of Business:**20540 CNTRY CLUB BLVD #105  
BOCA RATON, FL 33434**Current Mailing Address:**20540 CNTRY CLUB BLVD #105  
BOCA RATON, FL 33434**FEI Number:** 59-1619611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BACKER LAW FIRM PA  
400 S DIXIE HIGHWAY STE 420  
BOCA RATON, FL 33432 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            PRESIDENT, DIRECTOR  
Name            SNEIDER, MICHAEL  
Address        20540 CNTRY CLUB BLVD #105  
City-State-Zip: BOCA RATON FL 33434

Title            DIRECTOR, SECRETARY  
Name            KUGLER, SOL  
Address        20540 CNTRY CLUB BLVD #105  
City-State-Zip: BOCA RATON FL 33434

Title            DIRECTOR  
Name            LOCKER, EDWARD  
Address        20540 COUNTRY CLUB BLVD  
                 SUITE 105  
City-State-Zip: BOCA RATON FL 33434

Title            TREASURER, DIRECTOR  
Name            ROMANOW, HERBERT  
Address        20540 COUNTRY CLUB DRIVE  
                 STE 105  
City-State-Zip: BOCA RATON FL 33434

Title            VP1, DIRECTOR  
Name            ISROFF, CHARLES  
Address        20540 CNTRY CLUB BLVD #105  
City-State-Zip: BOCA RATON FL 33434

Title            VP3  
Name            MCCLURE, PAULA  
Address        20540 CNTRY CLUB BLVD #105  
City-State-Zip: BOCA RATON FL 33434

Title            VP2, DIRECTOR  
Name            KOVAL, LOU  
Address        20540 COUNTRY CLUB BLVD  
                 STE 105  
City-State-Zip: BOCA RATON FL 33432

Title            DIRECTOR  
Name            HIRSCH, HOWARD  
Address        20540 COUNTRY CLUB DRIVE  
                 STE 105  
City-State-Zip: BOCA RATON FL 33434

**Continues on page 2**

*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:** PAULA MCCLURE**VICE PRESIDENT****04/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	MCCLURE, PAULA
Address	20540 CNTRY CLUB BLVD #105
City-State-Zip:	BOCA RATON FL 33434