

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728649

Entity Name: BOCA PINAR CONDOMINIUM ASSN., INC.**Current Principal Place of Business:**9825 MARINA BLVD
SUITE 100
BOCA RATON, FL 33428**Current Mailing Address:**PO BOX 880269
BOCA RATON, FL 33488**FEI Number: 59-1654172****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUSSO, WILLIAM
9825 MARINA BLVD
SUITE 100
BOCA RATON, FL 33428 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 VP, DIRECTOR
Name REITER, RODERYCK
Address PO BOX 880269
City-State-Zip: BOCA RATON FL 33488Title TREASURER, DIRECTOR
Name BROWN, KYMBERLEY
Address PO BOX 880269
City-State-Zip: BOCA RATON FL 33488Title PRESIDENT, DIRECTOR
Name HARMAN, TIMOTHY
Address PO BOX 880269
City-State-Zip: BOCA RATON FL 33488Title SECRETARY, DIRECTOR
Name ZEGERS, DENISE
Address PO BOX 880269
City-State-Zip: BOCA RATON FL 33488Title DIRECTOR
Name WATERMAN, DEBORAH
Address PO BOX 880269
City-State-Zip: BOCA RATON FL 33488

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: TIMOTHY HARMAN**PRESIDENT****04/27/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date