

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753632

**Entity Name:** NEW FLORESTA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**

C/O SUPERIOR ASSOCIATION MANAGEMENT  
20283 STATE ROAD 7 SUITE 219  
BOCA RATON, FL 33498

**Current Mailing Address:**

C/O SUPERIOR ASSOCIATION MANAGEMENT  
20283 STATE ROAD 7 SUITE 219  
BOCA RATON, FL 33498 US

**FEI Number:** 59-2746794**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SCHNER, LARRY EP.A.  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 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  
Name            BURKMAN, KENT  
Address        2898 NW 26TH COURT  
City-State-Zip: BOCA RATON FL 33434

Title            VP  
Name            RUTTENBERG, PAUL  
Address        2601 NW 29TH DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title            TREASURER  
Name            CARROLL, KEVIN  
Address        2685 NW 27TH AVENUE  
City-State-Zip: BOCA RATON FL 33434

Title            SECRETARY  
Name            GAUSE, KAREN  
Address        2890 NW 29TH AVENUE  
City-State-Zip: BOCA RATON FL 33434

Title            DIRECTOR  
Name            IMMLER, CARYN  
Address        2672 NW 28TH TERRACE  
City-State-Zip: BOCA RATON FL 33434

Title            DIRECTOR  
Name            POSNER, GORDON  
Address        2900 NW 26TH AVENUE  
City-State-Zip: BOCA RATON FL 33434

Title            DIRECTOR  
Name            TOWERY, RONALD  
Address        2750 NW 26TH COURT  
City-State-Zip: BOCA RATON FL 33434

*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:** KENT BURKMAN

PRESIDENT

02/27/2018

Electronic Signature of Signing Officer/Director Detail

Date