

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754222

**Entity Name:** THE PINES OF BOCA BARWOOD II CONDOMINIUM  
ASSOCIATION, INC.**FILED**  
**Apr 08, 2024**  
**Secretary of State**  
**1026822269CC****Current Principal Place of Business:**C/O REALMANAGE  
11784 WEST SAMPLE ROAD SUITE 103  
CORAL SPRINGS, FL 33065**Current Mailing Address:**C/O REALMANAGE  
P O BOX 803555  
DALLAS, TX 75380 US**FEI Number: 59-2095445****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TUCKER & LOKEINSKY PA  
800 EAST BROWARD BLVD  
SUITE 710  
FT LAUDERDALE, FL 33301 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: BRIAN ALBAUM****04/08/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	HAICK, PATRICA
Address	C/O REALMANAGE 11784 WEST SAMPLE ROAD SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	SECRETARY
Name	BERAGLIA, MARIA
Address	C/O REALMANAGE 11784 WEST SAMPLE ROAD SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	PRESIDENT
Name	LONDON, MARK
Address	C/O REALMANAGE 11784 WEST SAMPLE ROAD SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	MATZA, HOWARD
Address	C/O REALMANAGE 9050 PINES BLVD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

Title	VP
Name	LOCIGNO, RUSSELL
Address	C/O REALMANAGE 11784 WEST SAMPLE ROAD SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33065

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: MARK LONDON****PRESIDENT****04/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date