

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754222

**FILED**  
**Mar 16, 2022**  
**Secretary of State**  
**3855448990CC**

**Entity Name:** THE PINES OF BOCA BARWOOD II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O REALMANAGE  
9050 PINES BLVD SUITE 480  
PEMBROKE PINES, FL 33024

**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**

**03/16/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRITTO, CYRO  
Address        C/O REALMANAGE  
                  9050 PINES BLVD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

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

Title            SECRETARY  
Name            BERAGLIA, MARIA  
Address        C/O REALMANAGE  
                  9050 PINES BLVD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title            TREASURER  
Name            FERRARI, CONNIE  
Address        C/O REALMANAGE  
                  9050 PINES BLVD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title            TREASURER  
Name            DIMARE, SALVATORE  
Address        C/O REALMANAGE  
                  9050 PINES BLVD SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

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

*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: CYRO BRITTO**

**PRESIDENT**

**03/16/2022**

Electronic Signature of Signing Officer/Director Detail

Date