

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757539

**FILED  
Apr 20, 2017  
Secretary of State  
CC8649822597**

**Entity Name:** LA RESIDENCE OF BOCA DEL MAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

23200 CAMINO DEL MAR  
BOCA RATON, FL 33433

**Current Mailing Address:**

3900 WOODLAKE BLVD.  
SUITE 309  
LAKE WORTH, FL 33463 US

**FEI Number: 59-2082631**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SACHS SAX CAPLAN  
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: SACHS**

**04/20/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KOGAN, DONALD  
Address 3900 WOODLAKE BLVD.  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT  
Name FEIDELMAN, LARRY  
Address 3900 WOODLAKE BLVD.  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title TREASURER  
Name WOLFF, KLAUS  
Address 3900 WOODLAKE BLVD.  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY  
Name KREPP, EDITH  
Address 3900 WOODLAKE BLVD.  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title VP  
Name VAZQUEZ-ORTIZ, ADA  
Address 3900 WOODLAKE BLVD.  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

*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: LARRY FEIDELMAN**

**PRESIDENT**

**04/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date