

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769535

**Entity Name:** BOCA WALK HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 22, 2021**  
**Secretary of State**  
**1464925627CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2378201**

**Certificate of Status Desired: No**

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

GERSTIN, JOSHUA ESQ.  
40 S.E. 5TH STREET  
SUITE 610  
BOCA RATON, FL 33432 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: JOSHUA GERSTIN, ESQ.**

**03/22/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           PURDIE, ELIZABETH  
Address        SUPERIOR ASSOCIATION  
                  MANAGEMENT  
                  20283 STATE ROAD 7 SUITE 219  
City-State-Zip: BOCA RATON FL 33498

Title           VP  
Name           WHARTON, SANDRA  
Address        SUPERIOR ASSOCIATION  
                  MANAGEMENT  
                  20283 STATE ROAD 7 SUITE 219  
City-State-Zip: BOCA RATON FL 33498

Title           TREASURER  
Name           NEPI, MATTHIA  
Address        C/O SUPERIOR ASSOCIATION  
                  MANAGEMENT  
                  20283 STATE ROAD 7 SUITE 219  
City-State-Zip: BOCA RATON FL 33498

Title           SECRETARY  
Name           TAYLOR, SUSAN  
Address        C/O SUPERIOR ASSOCIATION  
                  MANAGEMENT  
                  20283 STATE ROAD 7 SUITE 219  
City-State-Zip: BOCA RATON FL 33498

Title           DIRECTOR  
Name           PAULUS, DOROTHY  
Address        C/O SUPERIOR ASSOCIATION  
                  MANAGEMENT  
                  20283 STATE ROAD 7 SUITE 219  
City-State-Zip: BOCA RATON FL 33498

*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: MATTHIA NEPI**

**TREASURER**

**03/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date