

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769535

Entity Name: BOCA WALK 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:**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.

03/06/2020

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 TREASURER
Name NEPI, MATTHIA
Address 20283 STATE ROAD 7 SUITE 219
City-State-Zip: BOCA RATON FL 33498

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

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

Title SECRETARY
Name ROBLES, ELIZABETH
Address 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: ELIZABETH PURDIE

PRESIDENT

03/06/2020

Electronic Signature of Signing Officer/Director Detail

Date