

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00678

**Entity Name:** BOCA RIDGE GLEN HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE 100  
BOCA RATON, FL 33432

**Current Mailing Address:**

C/O MAHOGANY SERVICES, INC.  
21 SE 5TH STREET SUITE 100  
BOCA RATON, FL 33432

**FEI Number:** 59-2499245

**Certificate of Status Desired:** No

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

MAHOGANY SERVICES, INC.  
21 S.E. 5TH STREET  
SUITE #100  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name SCHAEFFER, ELAINE  
Address 20925 BOCA RIDGE DRIVE W  
City-State-Zip: BOCA RATON FL 33428

Title PRESIDENT  
Name GINZBERG, CHARLES  
Address 20909 BOCA RIDGE DRIVE W  
City-State-Zip: BOCA RATON FL 33428

Title D  
Name MC CORMICK, PATRICE  
Address 20905 BOCA RIDGE DR W  
City-State-Zip: BOCA RATON FL 33428

Title TREASURER  
Name WERBY, STEVE  
Address 20904 BOCA RIDGE DRIVE WEST  
City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR  
Name WEINBERG, SHELDON  
Address 20901 BOCA RIDGE DRIVE W  
City-State-Zip: BOCA RATON FL 33428

*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:** CHARLES GINZBERG

**PRESIDENT**

**02/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date