

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

DOCUMENT# N00874

**FILED**  
**Jun 15, 2021**  
**Secretary of State**  
**0840662335CC**

**Entity Name:** PROMENADE AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

SHARMAN & ASSOCIATES INC  
3363 W COMMERCIAL BLVD 105  
FORT LAUDERDALE , FL 33309

**Current Mailing Address:**

P O BOX 166306  
MIAMI, FL 33116 US

**FEI Number: 59-2385991**

**Certificate of Status Desired: No**

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

SACHS SAX CAPLAN  
7169 PROMENADE DR.  
BOCA RATON, FL 33433 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: PETER SACHS**

**06/15/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           ANISMAN, STEPHEN  
Address        7225 PROMENADE DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title           PRESIDENT  
Name           REIKEN, NATHAN  
Address        7194 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title           DIRECTOR  
Name           HARRIS, RAMON  
Address        7201 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title           DIRECTOR  
Name           JUNGER, ASBJORN  
Address        7169 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title           DIRECTOR  
Name           WEINBAUM , IRWIN  
Address        7202 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title           VP  
Name           ZUENER, DORIS  
Address        7161 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title           DIRECTOR  
Name           BERCOVICI, RICK  
Address        7169 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title           DIRECTOR  
Name           KAYE, JERRY  
Address        7194 PROMEANDE DR  
City-State-Zip: BOCA RATON FL 33433

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*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: NATHAN REIKEN**

**PRESIDENT**

**06/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            KLEIMAN, STANLEY  
Address        7225 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433