

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N00874

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

**Current Principal Place of Business:**

C/O REALMANAGE/ASG  
9050 PINES BLVD SUITE 480  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

P O BOX 803555  
DALLAS, TX 75380 US

**FEI Number: 59-2385991**

**Certificate of Status Desired: No**

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

BOGEN LAW GROUP PA  
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: MICHAEL D BOGEN**

**06/16/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GREENBERG, LEON  
Address        7169 PROMENADE DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title           PRESIDENT  
Name           COHEN, HELENE  
Address        7169 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title           DIRECTOR  
Name           GOLDBERG, MARK  
Address        7169 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           PORTMAN, MILES  
Address        7169 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title           VP  
Name           REIKEN, NATHAN  
Address        7169 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title           SECRETARY  
Name           KOTKIN, JACK  
Address        7169 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

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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: HELENE COHEN**

**PRESIDENT**

**06/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ALTNEU, PAUL  
Address        7169 PROMEANDE DR  
City-State-Zip: BOCA RATON FL 33433