

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00874

FILED
Feb 08, 2022
Secretary of State
8552046679CC

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

02/08/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name REIKEN, NAT
Address 7169 PROMENADE DRIVE
City-State-Zip: BOCA RATON FL 33433

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

Title TREASUER
Name ANISMAN, STEVEN
Address 7169 PROMENADE DR
City-State-Zip: BOCA RATON FL 33433

Title SECRETARY
Name BERNSTEIN, LES
Address 7169 PROMENADE DR
City-State-Zip: BOCA RATON FL 33433

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

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

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

Title DIRECTOR
Name TURK, DAVID
Address 7169 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: NAT REIKEN

PRESIDENT

02/08/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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