

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00874

**FILED**  
**Mar 27, 2024**  
**Secretary of State**  
**9469737796CC**

**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**

**03/27/2024**

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            SALAMOUN, GUS  
Address        7169 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            TANNENHOLTZ, MICHAEL  
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

**Continues on page 2**

*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: REIKEN , NAT**

**PRESIDENT**

**03/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name SMITH, JIM

Address 7169 PROMENADE DR

City-State-Zip: BOCA RATON FL 33433