

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N00874

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

**Current Principal Place of Business:**

7169 PROMENADE DR.  
BOCA RATON, FL 33433

**Current Mailing Address:**

7169 PROMENADE DR  
BOCA RATON, FL 33433

**FEI Number: 59-2385991**

**Certificate of Status Desired: No**

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

PROMENADE AT BOCA POINTE  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DECKER, OTTO  
Address        7178 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            GREENBERG, LEON  
Address        7145 PROMENADE DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title            VP  
Name            USOW, ALLEN  
Address        7145 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title            TREASURER  
Name            BARROWS, MARY  
Address        7209 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title            SECRETARY  
Name            KOEPPPEL, LYNN  
Address        7170 PROMENADE DR 202  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            ROBERTS, PATRICK  
Address        7233 PROMENADE DR 301  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            BARCELONA, CHARLES  
Address        7178 PROMENADE DR 502  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            CHAPMAN, BARRY  
Address        7145 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: OTTO DECKER**

**PRESIDENT**

**03/26/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            USOW, HERBERT  
Address        7209 PROMENADE DR 202  
City-State-Zip: BOCA RATON FL 33433