

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02405

Entity Name: BOCA DELRAY II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5483 BOCA DELRAY BLVD.
DELRAY BEACH, FL 33484

Current Mailing Address:

5483 BOCA DELRAY BLVD.
DELRAY BEACH, FL 33484

FEI Number: 65-0327051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHERNACK, FRANCINE
5483 BOCA DELRAY BLVD
DELRAY BEACH, FL 33484 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: FRANCINE CHERNACK

01/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name CHERNACK, FRANCINE
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY
Name WEISS, RONNIE
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name COTLOWITZ, EYTAN
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name MIDURA, LYNN
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title TREA
Name BRODY-LEPSELTER, DORENE
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name FREEDMAN, MICHAEL
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name ALDERMAN, FLORA
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

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: FRANCINE CHERNACK

PRESIDENT

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date