| I hereby certify that the information indicated on this report or supplemental report is true and accur | irate and that my electronic signature shall have the same | e legal effect as if made under |
|---|--|---------------------------------|
| oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exe   | cute this report as required by Chapter 617, Florida Statu | ites; and that my name appears  |
| above, or on an attachment with all other like empowered.   |  |                                 |
| SIGNATURE: FRANCINE CHERNACK  | DIRECTOR   | 06/03/2019                      |

SIGNATURE: FRANCINE CHERNACK

Electronic Signature of Signing Officer/Director Detail

| FEI Number: 65-0327051  | Certific |
|---|----------|
| Name and Address of Current Registered Agent:                           |          |
| BERNSTEIN, STEVEN<br>5483 BOCA DELRAY BLVD<br>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.

|                 | Electronic Signature of Registered Agent |                 |                        | Date |
|-----------------|--|-----------------|------------------------|------|
| Officer/Dire    | ctor Detail :                            |                 |                        |      |
| Title           | PRES                                     | Title           | SECRETARY              |      |
| Name            | BERNSTEIN, STEVEN                        | Name            | ALDERMAN, FLORA        |      |
| Address         | 5483 BOCA DELRAY BLVD                    | Address         | 5483 BOCA DELRAY BLVD. |      |
| City-State-Zip: | DELRAY BEACH FL 33484                    | City-State-Zip: | DELRAY BEACH FL 33484  |      |
|                 |  | <b></b> :       | DIDECTOR               |      |
| Title           | DIRECTOR                                 | Title           | DIRECTOR               |      |
| Name            | CHERNACK, FRANCINE                       | Name            | MIDURA, LYNN           |      |
| Address         | 5483 BOCA DELRAY BLVD.                   | Address         | 5483 BOCA DELRAY BLVD. |      |
| City-State-Zip: | DELRAY BEACH FL 33484                    | City-State-Zip: | DELRAY BEACH FL 33484  |      |
|                 |  |                 |                        |      |
| Title           | TREA                                     | Title           | DIRECTOR               |      |
| Name            | BRODY-LEPSELTER, DORENE                  | Name            | FRIEDMAN, MICHAEL      |      |
| Address         | 5483 BOCA DELRAY BLVD                    | Address         | 5483 BOCA DELRAY BLVD. |      |
| City-State-Zip: | DELRAY BEACH FL 33484                    | City-State-Zip: | DELRAY BEACH FL 33484  |      |

# **Current Mailing Address:**

5483 BOCA DELRAY BLVD. DELRAY BEACH. FL 33484

**Current Principal Place of Business:** 

#### F

#### I

SIGNATURE: STEVEN BERNSTEIN

5483 BOCA DELRAY BLVD. DELRAY BEACH, FL 33484

## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: BOCA DELRAY II CONDOMINIUM ASSOCIATION, INC.

### DOCUMENT# N02405

icate of Status Desired: No

FILED Jun 03, 2019 Secretary of State 1090724307CC

06/03/2019

Date

DIRECTOR