

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03554

Entity Name: VILLA FLORA AT BOCA POINTE HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 28, 2017
Secretary of State
CC7212568376**Current Principal Place of Business:**4300 N UNIVERSITY DR
A102
LAUDERHILL, FL 33351**Current Mailing Address:**4300 N UNIVERSITY DR
A102
LAUDERHILL, FL 33351 US**FEI Number: 59-2739558****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STEVENS & GOLDWYN PA
2 S UNIVERSITY DR
329
PLANTATION, FL 33324 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 P
Name EHRlich, GAIL
Address 4300 N UNIVERSITY DR
A102
City-State-Zip: LAUDERHILL FL 33351

Title VP
Name WINTHROP, AGGIE
Address 4300 N UNIVERSITY DR
A102
City-State-Zip: LAUDERHILL FL 33351

Title T
Name DAVIS, BRADFORD
Address 4300 N UNIVERSITY DR
A102
City-State-Zip: LAUDERHILL FL 33351

Title S
Name LEONARD, DAVID
Address 4300 N UNIVERSITY DR
A102
City-State-Zip: LAUDERHILL FL 33351

Title D
Name DELMAN, FRANK
Address 4300 N UNIVERSITY DR
A102
City-State-Zip: LAUDERHILL FL 33351

Title D
Name KRUTCHIK, BERNIE
Address 4300 N UNIVERSITY DR
A102
City-State-Zip: LAUDERHILL FL 33351

Title D
Name KELLER, ROBERT
Address 4300 N UNIVERSITY DR
A102
City-State-Zip: LAUDERHILL FL 33351

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: GAIL EHRlich**PRESIDENT****04/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date