

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N04415

**Entity Name:** BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SUPERIOR ASSOCIATION MANAGEMENT  
20283 STATE ROAD 7 219  
BOCA RATON, FL 33498

**Current Mailing Address:**

C/O SUPERIOR ASSOCIATION MANAGEMENT  
20283 STATE ROAD 7 219  
BOCA RATON, FL 33498 US

**FEI Number:** 59-2475800

**Certificate of Status Desired:** No

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

SUPERIOR ASSOCIATION MANAGEMENT  
SUPERIOR ASSOCIATION MANAGEMENT  
20283 STATE ROAD 7 219  
BOCA RATON, FL 33498 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:** SHERI SCARBOROUGH

06/29/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REATEGUI GARRIDO, JAIR  
Address        C/O SUPERIOR ASSOCIATION  
                  MANAGEMENT  
                  20283 STATE ROAD 7 219  
City-State-Zip: BOCA RATON FL 33498

Title            DIRECTOR  
Name            COUGHLIN, TIM  
Address        C/O SUPERIOR ASSOCIATION  
                  MANAGEMENT  
                  20283 STATE ROAD 7 219  
City-State-Zip: BOCA RATON FL 33498

Title            TREASURER, SECRETARY  
Name            BERKOWITZ, LEWIS  
Address        C/O SUPERIOR ASSOCIATION  
                  MANAGEMENT  
                  20283 STATE ROAD 7 219  
City-State-Zip: BOCA RATON FL 33498

Title            VP  
Name            MENDONCA, TERENCE  
Address        C/O SUPERIOR ASSOCIATION  
                  MANAGEMENT  
                  20283 STATE ROAD 7 219  
City-State-Zip: BOCA RATON FL 33498

Title            DIRECTOR  
Name            HARDEN, KIM  
Address        C/O SUPERIOR ASSOCIATION  
                  MANAGEMENT  
                  20283 STATE ROAD 7 219  
City-State-Zip: BOCA RATON FL 33498

*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:** JAIR REATEGUI GARRIDO

PRESIDENT

06/29/2023

Electronic Signature of Signing Officer/Director Detail

Date