2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT DOCUMENT# N04415

Entity Name: BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

QUALITY MANAGEMENT GROUP, INC. 9045 LA FONTANA BLVD 101 BOCA RATON , FL 33434

Current Mailing Address:

QUALITY MANAGEMENT GROUP, INC. 9045 LA FONTANA BLVD 101 BOCA RATON, FL 33434 US

FEI Number: 59-2475800

Name and Address of Current Registered Agent:

THE FRYDMAN LAW GROUP 7301 WILES ROAD STE 201 CORAL SPRINGS, FL 33067 US

The above named entity submits this statement for the number of changing its registered effice or registered agent, or both, in the State of Electide

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	E: RACHEL FRYDMAN, ESQ			11/13/2017		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	TREASURER	Title	SECRETARY			
Name	BERKOWITZ, LEWIS	Name	MOOSAI, SUSAN			
Address	9045 LA FONTANA BLVD 101	Address	9045 LA FONTANA BLVD 101			
City-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33434			
Title	DIRECTOR	Title	DIRECTOR			
Name	LAMBORGHINI, BARBARA	Name	KEENAN, JOHN III			
Address	9045 LA FONTANA BLVD 101	Address	9045 LA FONTANA BLVD 101			
City-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33434			
Title	DIRECTOR	Title	DIRECTOR			
Name	GLASS, GARY	Name	MONROY, OLGA			
Address	9045 LA FONTANA BLVD 101	Address	9045 LA FONTANA BLVD 101			
City-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33434			
Title	PRESIDENT	Title	VP			
Name	COUGHLIN, TIM	Name	HARDEN, KIM			
Address	9045 LA FONTANA BLVD 101	Address	9045 LA FONTANA BLVD 101			
City-State-Zip:	BOCA RATON FL 33434	City-State-Zip:	BOCA RATON FL 33435			

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: COUGHLIN, TIM		PRESIDENT	11/13/2017
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Nov 13, 2017 Secretary of State CR1770377705

Certificate of Status Desired: No