

2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04415

Entity Name: BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O RESIDENTIAL MANAGEMENT CONCEPTS
20540 COUNTRY CLUB BLVD 101
BOCA RATON , FL 33434**Current Mailing Address:**C/O RESIDENTIAL MANAGEMENT CONCEPTS
20540 COUNTRY CLUB BLVD 101
BOCA RATON , FL 33434 US**FEI Number: 59-2475800****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RESIDENTIAL MANAGEMENT CONCEPTS
C/O RESIDENTIAL MANAGEMENT CONCEPTS
20540 COUNTRY CLUB BLVD 101
BOCA RATON , FL 33434 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: GARY PALOMBI****11/14/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name BERKOWITZ, LEWIS
Address C/O RESIDENTIAL MANAGEMENT
 CONCEPTS
 20540 COUNTRY CLUB BLVD 101
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR
Name LAMBORGHINI, BARBARA
Address C/O RESIDENTIAL MANAGEMENT
 CONCEPTS
 20540 COUNTRY CLUB BLVD 101
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR
Name GLASS, GARY
Address C/O RESIDENTIAL MANAGEMENT
 CONCEPTS
 20540 COUNTRY CLUB BLVD 101
City-State-Zip: BOCA RATON FL 33434

Title PRESIDENT
Name COUGHLIN, TIM
Address C/O RESIDENTIAL MANAGEMENT
 CONCEPTS
 20540 COUNTRY CLUB BLVD 101
City-State-Zip: BOCA RATON FL 33434

Title SECRETARY
Name MOOSAI, SUSAN
Address C/O RESIDENTIAL MANAGEMENT
 CONCEPTS
 20540 COUNTRY CLUB BLVD 101
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR
Name KEENAN, JOHN III
Address C/O RESIDENTIAL MANAGEMENT
 CONCEPTS
 20540 COUNTRY CLUB BLVD 101
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR
Name MONROY, OLGA
Address C/O RESIDENTIAL MANAGEMENT
 CONCEPTS
 20540 COUNTRY CLUB BLVD 101
City-State-Zip: BOCA RATON FL 33434

Title VP
Name HARDEN, KIM
Address C/O RESIDENTIAL MANAGEMENT
 CONCEPTS
 20540 COUNTRY CLUB BLVD 101
City-State-Zip: BOCA RATON FL 33434

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: TIM COUGHLIN**PRESIDENT****11/14/2018**

