

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06140

**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC3796958403**

**Entity Name:** PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION NO. 2, INC.

**Current Principal Place of Business:**

7169 PROMENADE DR.  
BOCA RATON, FL 33433

**Current Mailing Address:**

7169 PROMENADE DR.  
BOCA RATON, FL 33433

**FEI Number: 59-2457673**

**Certificate of Status Desired: No**

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

PROMENADE AT BOCA POINTE  
7169 PROMADE DR  
BOCA RATON, FL 33433 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 TD  
Name DECKER, OTTO  
Address 7178 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title PD  
Name COHEN, HELENE  
Address 7202 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title SD  
Name SEFF, AARON  
Address 7178 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

Title VD  
Name GOLDFINE, ESTA  
Address 7202 PROMENADE DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name KOEPPPEL, LYNN  
Address 7170 PROMENADE DR  
City-State-Zip: BOCA RATON FL 33433

*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: HELENE COHEN**

**PRES**

**01/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date