

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06140

FILED
Jan 14, 2015
Secretary of State
CC6120693005**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 33433Title PD
Name COHEN, HELENE
Address 7202 PROMENADE DR
City-State-Zip: BOCA RATON FL 33433Title SD
Name SEFF, AARON
Address 7178 PROMENADE DR
City-State-Zip: BOCA RATON FL 33433Title VD
Name GOLDFINE, ESTA
Address 7202 PROMENADE DRIVE
City-State-Zip: BOCA RATON FL 33433Title 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**PRESIDENT****01/14/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date