2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06140

Entity Name: PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION

NO. 2, INC.

FILED Feb 08, 2021 Secretary of State 3927026866CC

Current Principal Place of Business:

C/O REALMANAGE/ASG 9050 PINES BLVD SUITE 480 PEMBROKE PINES, FL 33024

Current Mailing Address:

P O BOX 803555 DALLAS, TX 75380 US

FEI Number: 59-2457673 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SACHS SAX CAPLAN 6111 BROKEN SOUND PKWY STE 200 BOCA RATON, FL 33487 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: ELEANOR GRIPPALDI

02/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title VP Title DIRECTOR

Name KOEPPEL, LYNN Name GOLDFINE, ESTA

Address 7169 PROMENADE DR Address 7169 PROMENADE DR

City-State-Zip: BOCA RATON FL 33433 City-State-Zip: BOCA RATON FL 33433

Title **SECRETARY** Title **TREASURER** Name BERCOVICI, RICK Name KESSLER, SUSAN 7169 PROMENADE DR Address Address 7169 PROMENADE DR City-State-Zip: BOCA RATON FL 33433 BOCA RATON FL 33433 City-State-Zip:

TitlePRESIDENTTitleDIRECTORNameGRIPPALDI, ELEANORNameTURK, DAVID

Address 7169 PROMENADE DR Address 7169 PROMENADE DR

City-State-Zip: BOCA RATON FL 33433 City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR

Name GORKIN, BERNARD

Address 7169 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: ELEANOR GRIPPALDI

PRESIDENT

02/08/2021