

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007108

**Entity Name:** BOCA VILLAGE CORPORATE CENTER II CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 12, 2024**  
**Secretary of State**  
**5610168855CC**

**Current Principal Place of Business:**

C/O GRANT PROPERTY MANAGEMENT  
851 BROKEN SOUND PKWY NW SUITE 102  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O GRANT PROPERTY MANAGEMENT  
851 BROKEN SOUND PKWY NW SUITE 102  
BOCA RATON, FL 33487 US

**FEI Number: 26-2948775**

**Certificate of Status Desired: No**

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

LEWIS, LYNN B. ESQ.  
501 BRICKELL KEY DRIVE  
SUITE 505  
MIAMI, FL 33131 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: LYNN B. LEWIS**

**02/12/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JOLLEY, JOHN  
Address 500 EAST BROWARD BLVD  
SUITE 830  
City-State-Zip: FORT LAUDERDALE FL 33394

Title VP  
Name BROWN, BRUCE  
Address 4955 TECHNOLOGY WAY  
City-State-Zip: BOCA RATON FL 33431

Title DS  
Name IZRAILOV, MARY  
Address 290 NW 165TH STREET  
SUITE M-400  
City-State-Zip: MIAMI FL 33169

*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: JOHN JOLLEY**

**PRESIDENT**

**02/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date