

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000007108

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

FILED
Jun 20, 2024
Secretary of State
2764179508CC

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

06/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|--|-----------------|--|
| Title | PRESIDENT | Title | TREASURER |
| Name | RESTREPO, ANDREA | Name | GIBSON, TIMOTHY A. |
| Address | C/O GRANT PROPERTY MANAGEMENT 851 BROKEN SOUND PKWY NW SUITE 102 | Address | C/O GRANT PROPERTY MANAGEMENT 851 BROKEN SOUND PKWY NW SUITE 102 |
| City-State-Zip: | BOCA RATON FL 33487 | City-State-Zip: | BOCA RATON FL 33487 |

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: ANDREA RESTREPO

PRESIDENT

06/20/2024

