

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007108

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

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC3214576105**

**Current Principal Place of Business:**

6820 LYONS TECHNOLOGY CIRCLE SUITE 100  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

6820 LYONS TECHNOLOGY CIRCLE SUITE 100  
COCONUT CREEK, FL 33073

**FEI Number: 26-2948775**

**Certificate of Status Desired: No**

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

BUTTERS, MALCOLM  
6820 LYONS TECHNOLOGY CIRCLE SUITE 100  
COCONUT CREEK, FL 33073 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 P  
Name BUTTERS, MALCOLM  
Address 6820 LYONS TECHNOLOGY CIRCLE SUITE 100  
City-State-Zip: COCONUT CREEK FL 33073

Title VP  
Name DA SILVA, ALVARO  
Address 290 NW 165TH STREET - M-400  
City-State-Zip: MIAMI FL 33169

Title DS  
Name BUTTERS, MALCOLM  
Address 6820 LYONS TECHNOLOGY CIRCLE SUITE 100  
City-State-Zip: COCONUT CREEK FL 33073

Title DT  
Name DA SILVA, ALVARO  
Address 290 NW 165TH STREET - 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: MALCOLM BUTTERS**

**PRESIDENT**

**04/22/2015**

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

\_\_\_\_\_  
Date