

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08960

Entity Name: LA PAZ AT BOCA POINTE PHASE II CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 07, 2019
Secretary of State
8391800485CC**Current Principal Place of Business:**C/O HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HIGHWAY, SUITE 202
BOCA RATON, FL 33431**Current Mailing Address:**C/O HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HIGHWAY, SUITE 202
BOCA RATON, FL 33431 US**FEI Number: 59-2647533****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**D'ANNA, RONALD E ESQUIRE
2000 GLADES ROAD
SUITE 300
BOCA RATON, FL 33431 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 DIRECTOR
Name DERWIN, ELLEN
Address C/O HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HIGHWAY, SUITE
202
City-State-Zip: BOCA RATON FL 33431

Title PRESIDENT
Name RUBIN, HARRIET
Address C/O HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HIGHWAY, SUITE
202
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name CALDICOTT, ROSLYN
Address C/O HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HIGHWAY, SUITE
202
City-State-Zip: BOCA RATON FL 33431

Title TREASURER
Name WARSHALL, MICHAEL
Address C/O HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HIGHWAY, SUITE
202
City-State-Zip: BOCA RATON FL 33431

Title VP
Name KIANOFSKY, CAROLYN
Address C/O HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HIGHWAY, SUITE
202
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY
Name KAPS, WARREN
Address C/O HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HIGHWAY, SUITE
202
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name CALDICOTT, ROSLYN
Address C/O HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HIGHWAY, SUITE
202
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name NEIDORF, PENNY
Address C/O HAWK-EYE MANAGEMENT, INC.
3901 N. FEDERAL HIGHWAY, SUITE
202
City-State-Zip: BOCA RATON FL 33431

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: HARRIET RUBIN**PRESIDENT****02/07/2019**

