

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08960

**Entity Name:** LA PAZ AT BOCA POINTE PHASE II CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Feb 04, 2021**  
**Secretary of State**  
**6521679347CC****Current Principal Place of Business:**C/O HAWK-EYE MANAGEMENT, INC.  
3901 N. FEDERAL HIGHWAY, SUITE202  
BOCA RATON, FL 33431**Current Mailing Address:**C/O HAWK-EYE MANAGEMENT, INC.  
3901 N. FEDERAL HIGHWAY, SUITE202  
BOCA RATON, FL 33431 US**FEI Number: 59-2647533****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SACHS SAX CAPLAN  
6111 BROKEN SOUND PARKWAY  
SUITE 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: LAUREEN WEAVER****02/04/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title VP  
Name CALDICOTT, ROSLYN  
Address 3901 NORTH FEDERAL HWY  
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: ED WEINER****PRESIDENT****02/04/2021**

