

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010162

**Entity Name:** BOCA WEST COMMUNITY CHARITABLE FOUNDATION, INC.

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC8851534453**

**Current Principal Place of Business:**

20583 BOCA WEST DR  
BOCA RATON, FL 33434

**Current Mailing Address:**

P.O BOX 3070  
BOCA RATON, FL 33431 US

**FEI Number: 27-3840788**

**Certificate of Status Desired: No**

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

BLAIR, LAURENCE I  
100 W CYPRESS CREEK RD SUITE 700  
FT LAUDERDALE, FL 33309 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 ADLER, ARTHUR  
Address 7464 REXFORD RD  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name FOREST, SHEPARD  
Address 2007 WATERS EDGE DR  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name BOILEN, HOWARD  
Address 19664 BAYCOVE DRIVE #44  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name FOGELMAN, AVRON  
Address 19607 OAKBROOK CIRCLE #11  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name FRIEDMAN, BERNARD  
Address 7504 REXFORD ROAD #19  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name ROBINSON, BERNARD  
Address 19683 BAY COVE DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name JANOWER, DONALD  
Address 7723 WIND KEY DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name STRUL, AUBREY  
Address 20320 FAIRWAY OAKS DR #362  
City-State-Zip: BOCA RATON FL 33434

**Continues on page 2**

*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: JENNIFER BATE**

**EXECUTIVE DIRECTOR**

**01/16/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ACKERMAN, YVONNE  
Address 19649 OAKBROOK COURT  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name JAFFE, MARTIN  
Address 19322 CHAPEL CREEK DRIVE  
UNIT #31  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name LISSAUER, MICHAEL  
Address P.O BOX 3070  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name FRANKEL, SHARYN  
Address 7835 LAKESIDE BLVD  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name KUPPERMAN, PHILIP  
Address 7517 MAHOGANY BEND PLACE  
City-State-Zip: BOCA RATON FL 33434

Title EXECUTIVE DIRECTOR  
Name BATE, JENNIFER  
Address 8639 VIA GIULA  
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR  
Name MACHER, JOEL  
Address 7420 MAHOGANY BEND CT  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name ZENKER, RICHARD  
Address 7640 REXFORD ROAD  
UNIT #2  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name GILLMAN, NEIL  
Address 6797 WILLOW WOOD DR  
#6033  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name ISROFF, CHARLES  
Address 19187 CHAPEL CREEK DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name BLANK, STEPHEN  
Address 21217 CLUBSIDE DRIVE  
City-State-Zip: BOCA RATON FL 33434