

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010162

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

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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