2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010162

Entity Name: BOCA WEST COMMUNITY CHARITABLE FOUNDATION, INC.

FILED
Jan 17, 2019
Secretary of State
4556862301CC

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

DIDECTOR

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.

T:41 -

DIDECTOR

SIGNATURE:

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

N	ame	ADLER, ARTHUR	Name	FOREST, SHEPARD
11	lie	DIRECTOR	TILLE	DIRECTOR

Address 7464 REXFORD RD Address 2007 WATERS EDGE DR
City-State-Zip: BOCA RATON FL 33434 City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR Title DIRECTOR

NameBOILEN, HOWARDNameFRIEDMAN, BERNARDAddress19653 OAKBROOK COURTAddress7504 REXFORD ROAD #19City-State-Zip:BOCA RATON FL 33434City-State-Zip:BOCA RATON FL 33434

Title DIRECTOR Title DIRECTOR

NameROBINSON, BERNARDNameJANOWER, DONALDAddress19683 BAY COVE DRIVEAddress7723 WIND KEY DRIVECity-State-Zip:BOCA RATON FL 33434City-State-Zip:BOCA RATON FL 33434

Title DIRECTOR Title DIRECTOR

Name STRUL, AUBREY Name ACKERMAN, YVONNE

Address 20320 FAIRWAY OAKS DR #362 Address 19649 OAKBROOK COURT

City-State-Zip: BOCA RATON FL 33434

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

Electronic Signature of Signing Officer/Director Detail

EXECUTIVE DIRECTOR

01/17/2019

Date

Officer/Director Detail Continued:

DIRECTOR Title Title **DIRECTOR** MACHER, JOEL JAFFE, MARTIN Name Name

Address 7420 MAHOGANY BEND CT Address 19322 CHAPEL CREEK DRIVE UNIT #31

City-State-Zip: BOCA RATON` FL 33434 City-State-Zip:

BOCA RATON FL 33434

Title **DIRECTOR** Title **DIRECTOR**

Name ZENKER, RICHARD Name LISSAUER, MICHAEL 7640 REXFORD ROAD Address

Address P.O BOX 3070 UNIT #2

City-State-Zip: BOCA RATON FL 33434 City-State-Zip: BOCA RATON FL 33434

Title **DIRECTOR** Title **DIRECTOR**

ISROFF, CHARLES Name Name FRANKEL, SHARYN

Address 19187 CHAPEL CREEK DRIVE 7835 LAKESIDE BLVD Address

BOCA RATON FL 33434 City-State-Zip: City-State-Zip: BOCA RATON FL 33434

Title **DIRECTOR** DIRECTOR Title

Name BLANK, STEPHEN KUPPERMAN, PHILIP Name

Address 21217 CLUBSIDE DRIVE 7517 MAHOGANY BEND PLACE Address

City-State-Zip: BOCA RATON FL 33434 City-State-Zip: BOCA RATON FL 33434

Title **DIRECTOR EXECUTIVE DIRECTOR** Title

Name SILVERMAN, LEON Name BATE, JENNIFER

2100 SOUTH OCEAN BLVD Address Address P.O BOX 3070

#505S

City-State-Zip: BOCA RATON FL 33431 City-State-Zip: PALM BEACH FL 33480