

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010162

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

**FILED**  
**Jan 24, 2024**  
**Secretary of State**  
**1747203543CC**

**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:** LAURENCE BLAIR

01/24/2024

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 VC  
Name BOILEN, HOWARD  
Address 19653 OAKBROOK COURT  
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

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

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

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

Title DIRECTOR  
Name FRANKEL, SHARYN  
Address 7835 LAKESIDE BLVD  
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:** PAMELA WEINROTH

**EXECUTIVE DIRECTOR**

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name SILVERMAN, LEON  
Address 2100 SOUTH OCEAN BLVD  
#505S  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name SCHAPS, LINDA  
Address 631 ISLAND DRIVE  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name STECKLER, STUART  
Address 7685 WOOD DUCK DR 6  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name MITHUN, FRANK DOUGLAS  
Address 125 E PRIVE CIR E  
City-State-Zip: DELRAY BEACH FL 33445

Title EXECUTIVE DIRECTOR  
Name WEINROTH, PAMELA  
Address P.O. BOX 3070  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR  
Name STOLLER-WITTENSTEIN, BARBARA  
Address 2000 S OCEAN BLVE  
108S  
City-State-Zip: PALM BEACH FL 33480

Title SECRETARY  
Name GLUCKOW, MICHELLE  
Address 121 PLAYA RIENTA WAY  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR  
Name SCHLAGER, BETH C  
Address 170 EVERGLADE AVE  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name GOLDFARB, LAURENCE  
Address 9545 LABELLE CT  
City-State-Zip: DELRAY BEACH FL 33446