

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12016

Entity Name: BOCA LANDINGS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**11784 WEST SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 33065**Current Mailing Address:**11784 WEST SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 33065 US**FEI Number:** 59-2652809**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED COMMUNITY MANAGEMENT CORP.
11784 W SAMPLE ROAD
#103
CORAL SPRINGS, FL 33065 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	P, T
Name	MCALILEY, ERIC
Address	9588 LAKE SERENA DRIVE
City-State-Zip:	BOCA RATON FL 33496

Title	VP
Name	RIGER, DAWN
Address	9267 LAKE SERENA DRIVE
City-State-Zip:	BOCA RATON FL 33496

Title	D
Name	SERBAN, GEORGE
Address	18792 CASPIAN CIRCLE
City-State-Zip:	BOCA RATON FL 33496

Title	D
Name	THILL, RICHARD
Address	9395 LAKE SERENA DRIVE
City-State-Zip:	BOCA RATON FL 33496

Title	S
Name	GEITNER, SHERWIN
Address	18710 CASSANDRA POINTE LANE
City-State-Zip:	BOCA RATON FL 33496

Title	D
Name	HAMILTON, BERTRAM
Address	9396 LAKE SERENA DRIVE
City-State-Zip:	BOCA RATON FL 33496

Title	S
Name	GEITNER, SHERWIN
Address	18710 CASSANDRA POINTE LANE
City-State-Zip:	BOCA RATON FL 33496

Title	D
Name	HAMILTON, BERTRAM
Address	9396 LAKE SERENA DRIVE
City-State-Zip:	BOCA RATON FL 33496

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: ERIC MCALILEY

P

03/26/2015

Electronic Signature of Signing Officer/Director Detail_____
Date