

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13817

**Entity Name:** WEST BOCA MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Aug 25, 2022**  
**Secretary of State**  
**5721089385CC****Current Principal Place of Business:**4740 SHERWOOD FOREST DRIVE  
DELRAY BEACH, FL 33445**Current Mailing Address:**C/O TRIAX GROUP OF SOUTH FLORIDA  
P.O. BOX 6286  
BOCA RATON, FL 33427**FEI Number: 59-2779469****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOLER, KENNETH  
C/O TRIAX GROUP OF SOUTH FLORIDA  
4740 SHERWOOD FOREST DRIVE  
DELRAY BEACH, FL 33445 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: KENNETH SOLER****08/25/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY, DIRECTOR
Name	DAVID, FUNT DR.
Address	9980 CENTRAL PARK BLVD., #304
City-State-Zip:	BOCA RATON FL 33428

Title	DIRECTOR, TREASURER
Name	BARTON, PAM
Address	9980 CENTRAL PARK BLVD., #108
City-State-Zip:	BOCA RATON FL 33428

Title	DIRECTOR
Name	PINSKY, TODD N DR.
Address	9980 CENTRAL PARK BLVD., #208
City-State-Zip:	BOCA RATON FL 33428

Title	DIRECTOR, PRESIDENT
Name	OCAMPO, NORINA DR.
Address	9980 CENTRAL PARK BLVD. #108
City-State-Zip:	BOCA RATON FL 33428

*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: NORINA OCAMPO****PRESIDENT****08/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date