

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19079

**FILED**  
**Mar 28, 2020**  
**Secretary of State**  
**4731847625CC**

**Entity Name:** THE POINTE AT BOCA WEST ASSOCIATION, INC.

**Current Principal Place of Business:**

790 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

**Current Mailing Address:**

790 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

**FEI Number: 59-2067843**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CARROLL, KEVIN M  
790 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 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: KEVIN M CARROLL**

**03/28/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, TREASURER  
Name SISKIN, SHELDON  
Address 6858 WOODBRIDGE DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title SECRETARY  
Name STOCKEL, MARVIN  
Address 20571 LINKSVIEW CIRCLE  
City-State-Zip: BOCA RATON FL 33434

Title PRESIDENT  
Name FRIED, NANCY  
Address 20621 LINKSVIEW CIRCLE  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name GOOD, JEFFREY  
Address 20557LINKSVIEW CIRCLE  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name ASCHER, STEWART  
Address 6844 WOODBRIDGE DRIVE  
City-State-Zip: BOCA RATON FL 33434

*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: SHELDON SISKIN**

**VP/TREASURER**

**03/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date