

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19079

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

**Current Principal Place of Business:**

C/O LANG MANAGEMENT, INC.  
21045 COMMERCIAL TREAIL  
BOCA RATON, FL 33486

**Current Mailing Address:**

C/O LANG MANAGEMENT, INC.  
21045 COMMERCIAL TREAIL  
BOCA RATON, FL 33486 US

**FEI Number:** 59-2067843

**Certificate of Status Desired:** Yes

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

LANG MANAGEMENT CO. INC  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 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 PD  
Name SISKIN, SHELDON  
Address 6858 WOODBRIDGE DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title D  
Name HALIO, ROBERT  
Address 20647 LINKSVIEW CIR  
City-State-Zip: BOCA RATON FL 33434

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

Title DS  
Name PERLMAN, ARLENE  
Address 20567 LINKSVIEW CIRCLE  
City-State-Zip: BOCA RATON FL 33434

Title TREASURER  
Name MASON, JOHN  
Address 20593 LINKSVIEW CIRCLE  
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

PD

04/10/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date