

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24440

**FILED**  
**Apr 23, 2019**  
**Secretary of State**  
**1219254314CC**

**Entity Name:** MONTEGO BAY AT BOCA POINTE CONDOMINIUM 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: 65-0026949**

**Certificate of Status Desired: No**

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

UNITED COMMUNITY MANAGEMENT CORP.  
11784 WEST SAMPLE ROAD  
SUITE 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 D  
Name BROWN, MIMI L  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name ROSEN, HARVEY  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title SECRETARY  
Name KERIN, THERESA  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR  
Name MICELI, JOHN  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR  
Name ROSEN, BURT  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

*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: KERIN , THERESA**

**SECRETARY**

**04/23/2019**

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

\_\_\_\_\_  
Date