

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28673

**Entity Name:** IMPRESSIONS AT BOCA CHASE HOMEOWNERS ASSOCIATION 9B, INC.

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC3881877937**

**Current Principal Place of Business:**

C/O SUPERIOR ASSOCIATION MANAGMENT  
20283 STATE ROAD 7 SUITE 219  
BOCA RATON, FL 33498

**Current Mailing Address:**

C/O SUPERIOR ASSOCIATION MANAGEMENT  
20283 STATE ROAD 7  
BOCA RATON, FL 33498 US

**FEI Number: 65-0152323**

**Certificate of Status Desired: No**

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

ROGERS, RANDALL K  
621 NW 53RD STREET  
#300  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DORB, DANIEL  
Address        11237 JASMINE HILL CR.  
City-State-Zip: BOCA RATON FL 33498

Title            VP  
Name            KING, STEPHEN  
Address        11280 JASMINE HILL CIRCLE  
City-State-Zip: BOCA RATON FL 33498

Title            TREASURER AND SECRETARY  
Name            WASSERMAN, MARK  
Address        23170 MILLBROOK CT  
City-State-Zip: BOCA RATON FL FL 33498

Title            DIRECTOR  
Name            JAMASS, SAMIR  
Address        21290 MILLBROOK CT  
City-State-Zip: BOCA RATON FL 33498

Title            VP  
Name            MARKOWITZ, HELENE  
Address        21340 MILLBROOK CT  
City-State-Zip: BOCA RATON FL 33498

Title            PRESIDENT  
Name            VON DIETRICJ, BRIAN  
Address        21300 MILLBROOK COURT  
City-State-Zip: BOCA RATON FL 33498

*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: VON DIETRICJ , BRIAN**

**PRESIDENT**

**04/28/2016**

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

\_\_\_\_\_  
Date