

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

DOCUMENT# N29337

**Entity Name:** BOCA PINES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

20283 STATE RD 7 - STE. 219  
BOCA RATON, FL 33498

**Current Mailing Address:**

20283 STATE RD 7 - STE. 219  
BOCA RATON, FL 33498 US

**FEI Number:** 65-0085445

**Certificate of Status Desired:** No

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

LANDOL, SAMUEL JR.  
2101 NW CORPORATE BLVD  
SUITE 410  
BOCA RATON, FL 33431 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:** SAMUEL LANDOL

03/18/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ORLOWSKI, STANLEY  
Address        20283 STATE RD 7 - STE. 219  
City-State-Zip: BOCA RATON FL 33498

Title            VICE PRESIDENT  
Name            POTOLICCHIO, RODNEY  
Address        20283 STATE RD 7 - STE. 219  
City-State-Zip: BOCA RATON FL 33498

Title            SECRETARY  
Name            SARAZEN, NANCY  
Address        20283 STATE RD 7 - STE. 219  
City-State-Zip: BOCA RATON FL 33498

Title            DIRECTOR  
Name            RICHARDS, MARY THERESA  
Address        20283 STATE RD 7 - STE. 219  
City-State-Zip: BOCA RATON FL 33498

Title            TREASURER  
Name            BERFOND, JARRETT  
Address        20283 STATE ROAD 7, SUITE 219  
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:** STANLEY ORLOWSKI

PRESIDENT

03/18/2020

Electronic Signature of Signing Officer/Director Detail

Date