

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N34137

**Entity Name:** BOCA SPRINGS ASSOCIATION, INC.

**Current Principal Place of Business:**

10349 SUN STREAM LANE  
BOCA RATON , FL 33428

**Current Mailing Address:**

CLEAR CHOICE MANAGEMENT SOLUTIONS  
3301 N. UNIVERSITY DRIVE SUITE 100  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 65-0163218

**Certificate of Status Desired:** No

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

FIELDS, SHARI  
CLEAR CHOICE MANAGEMENT SOLUTIONS  
3301 N. UNIVERSITY DRIVE SUITE 100  
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:** SHARI FIELDS

08/03/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RHODES, ROBERT  
Address        CLEAR CHOICE MANAGEMENT  
                  SOLUTIONS INC  
                  3301 N. UNIVERSITY DRIVE SUITE 100

City-State-Zip: CORAL SPRINGS FL 33065

Title            TREASURER  
Name            OLIVEIRA, GUTEMBERG  
Address        CLEAR CHOICE MANAGEMENT  
                  SOLUTIONS  
                  3301 N. UNIVERSITY DRIVE SUITE 100

City-State-Zip: CORAL SPRINGS FL 33065

Title            DIRECTOR  
Name            WEYLAND, MALLORI  
Address        CLEAR CHOICE MANAGEMENT  
                  SOLUTIONS  
                  3301 N. UNIVERSITY DRIVE SUITE 100

City-State-Zip: CORAL SPRINGS FL 33065

Title            VP  
Name            LUTZ, SAMANTHA  
Address        CLEAR CHOICE MANAGEMENT  
                  SOLUTIONS  
                  3301 N. UNIVERSITY DRIVE SUITE 100

City-State-Zip: CORAL SPRINGS FL 33065

Title            SECRETARY  
Name            CIRILLO, ANTHONY  
Address        CLEAR CHOICE MANAGEMENT  
                  SOLUTIONS  
                  3301 N. UNIVERSITY DRIVE SUITE 100

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:** ROBERT RHODES

PRES

08/03/2022

Electronic Signature of Signing Officer/Director Detail

Date