

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34137

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**0323242611CC**

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

**Current Principal Place of Business:**

C/O WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

C/O WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**FEI Number:** 65-0163218

**Certificate of Status Desired:** No

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

FIELDS, SHARI  
C/O WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 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

04/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ZAPATA, HECTOR  
Address        C/O WEST BROWARD COMMUNITY  
                  MANAGEMENT  
                  820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title            VP  
Name            BELLOMO, MAXIMILIANO  
Address        C/O WEST BROWARD COMMUNITY  
                  MANAGEMENT  
                  820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title            TREASURER  
Name            NGUYEN, PETER  
Address        C/O WEST BROWARD COMMUNITY  
                  MANAGEMENT  
                  820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title            SECRETARY  
Name            BELLOMO, MAXIMILIANO  
Address        C/O WEST BROWARD COMMUNITY  
                  MANAGEMENT  
                  820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title            DIRECTOR  
Name            ZAPATA, HECTOR  
Address        C/O WEST BROWARD COMMUNITY  
                  MANAGEMENT  
                  820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

*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:** HECTOR ZAPATA

PRESIDENT

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date