

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34137

Entity Name: BOCA SPRINGS ASSOCIATION, INC.

FILED
Apr 03, 2024
Secretary of State
7100319619CC

Current Principal Place of Business:

C/O WEST BROWARD COMMUNITY MANAGEMENT
820 SOUTH STATE ROAD7
PLANTATION, FL 33317

Current Mailing Address:

C/O WEST BROWARD COMMUNITY MANAGEMENT
820 SOUTH STATE ROAD7
PLANTATION, FL 33317 US

FEI Number: 65-0163218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEST BROWARD COMMUNITY MANAGEMENT INC
820 SOUTH STATE ROAD7
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: THOMAS P FIORE

04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WEYLAND, MALLORI
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD7
City-State-Zip: PLANTATION FL 33317

Title VP, SECRETARY
Name LUTZ, SAMANTHA
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD7
City-State-Zip: PLANTATION FL 33317

Title TREASURER
Name OLIVEIRA, GUTEMBERG
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name FEARON, BRIANNE
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name CIRILLO, ANTHONY
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name NOVAK, MICHAEL
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name MASON, TERRANCE
Address WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD7
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: MALLORI WEYLAND

PRESIDENT

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date