

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

DOCUMENT# N42566

**FILED  
Jul 08, 2016  
Secretary of State  
CC8920681718**

**Entity Name:** BALBOA POINT ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AIGEAN MANAGEMENT  
4700 SHERIDAN ST. SUITE J  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

C/O AIGEAN MANAGEMENT  
4700 SHERIDAN ST. SUITE J  
HOLLYWOOD, FL 33021 US

**FEI Number:** 65-0320980

**Certificate of Status Desired:** No

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

WOLTERS KLUWER  
1200 S. PINE ISLAND RD.  
SUITE 250  
PLANTATION, FL 33324 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:** ANGEL NUNEZ

07/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name AROUTY, IRVING  
Address 17317 BALBOA POINT WAY  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name LEVY, HERB  
Address 3744 GORHAM WAY  
City-State-Zip: BOCA RATON FL 33487

Title P  
Name DEVIVO, AL  
Address 17211 VENTANA DR  
City-State-Zip: BOCA RATON FL 33487

Title TD/S  
Name KAPLAN, ALVIN  
Address 17293 BALBOA POINT WAY  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name OTTE, TROY  
Address 3736 GORHAM WAY  
City-State-Zip: BOCA RATON FL 33487

*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:** AL DEVIVO

**PRES**

07/08/2016

Electronic Signature of Signing Officer/Director Detail

Date