

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002468

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC6064356481**

**Entity Name:** BOCA RATON AMATEUR RADIO ASSOCIATION, INC.

**Current Principal Place of Business:**

21512 WOODCHUCK LANE  
BOCA RATON, FL 33428

**Current Mailing Address:**

21512 WOODCHUCK LANE  
BOCA RATON, FL 33428

**FEI Number: 65-0666979**

**Certificate of Status Desired: No**

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

WALTER, DREYFUS  
21512 WOODCHUCK LANE  
BOCA RATON, FL 33428 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           TREASURE  
Name           KEARNS, MAX  
Address        4695 BRANDYWINE DR  
City-State-Zip: BOCA RATON FL 33487

Title           PRESIDENT  
Name           GAWALDO, GERALD  
Address        5724 REGENCY CIRCLE WEST  
City-State-Zip: BOCA RATON FL 33496

Title           SECRETARY  
Name           DREYFUS, WALTER C  
Address        21512 WOODCHUCK LANE  
City-State-Zip: BOCA RATON FL 33428

Title           VP  
Name           MCINTOSH, MIKE  
Address        4577 SUGAR PINE DR  
City-State-Zip: BOCA RATON FL 33487

Title           DIRECTOR  
Name           LONDON, FRANK  
Address        15217 TRANQUILITY LAKES DR  
City-State-Zip: DELRAY BEACH FL 33446

Title           DIRECTOR  
Name           LEHMAN, LEWIS  
Address        4851 NE 5 AVE  
City-State-Zip: BOCA RATON FL 33431

Title           DIRECTOR  
Name           RATOFF, BRUCE  
Address        22147 FLOWER DR  
City-State-Zip: BOCA RATON FL 33428

*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: WALTER DREYFUS**

**SECRETARY**

**01/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date