

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002468

**FILED**  
**Mar 10, 2021**  
**Secretary of State**  
**0723986064CC**

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

**Current Principal Place of Business:**

10875 WEST ATLANTIC AVE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

P.O. BOX 480162  
DELRAY BEACH, FL 33448-0162 US

**FEI Number:** 65-0666979

**Certificate of Status Desired:** No

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

RATOFF, BRUCE ROBERT  
22147 FLOWER DRIVE  
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:** BRUCE ROBERT RATOFF

03/10/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT  
Name MELE, RALPH  
Address 717 SAINT ALBANS DRIVE  
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR  
Name SINTCHAK, GEORGE  
Address 287 CAPRI F  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name ZAZA, GENNARO  
Address 10683 SHADY POND LN  
City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR  
Name STAHL, JEFFREY  
Address 6099 NW 80 TERR  
City-State-Zip: PARKLAND FL 33067

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

Title TREASURER  
Name GREENFELD, BONNIE  
Address 9772 PAVAROTTI TERRACE  
APT 103  
City-State-Zip: BOYNTON BEACH FL 33437

Title SECRETARY  
Name GREENFELD, MICHAEL  
Address 9227 PAVAROTTI TERRACE  
APT 103  
City-State-Zip: BOYNTON BEACH FL 33473

Title DIRECTOR  
Name ALFONSO, LOU  
Address 9182 ISLES CAY DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

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*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:** BRUCE ROBERT RATOFF

PRESIDENT

03/10/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SILVERMAN, JAY  
Address        9124 FLYYN CIR  
                #6  
City-State-Zip: BOCA RATON FL 33496

Title           DIRECTOR  
Name           COLE, JOHN  
Address        14426 AMBERLY LN  
                #405  
City-State-Zip: DELRAY BEACH FL 33446