

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738155

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** COURTSIDE AT BOCA WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

20540 COUNTRY CLUB BLVD  
#101  
BOCA RATON, FL 33434 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 97-0069  
P. O. BOX 97-0069  
BOCA RATON, FL 334970069 US

**New Mailing Address:**

**FEI Number:** 59-1797531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALOMBI, GARY L  
20540 COUNTRY CLUB BLVD  
#101  
BOCA RATON, FL 33434 US

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

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

**OFFICERS AND DIRECTORS:**

Title: V  
Name: UNGER, HELEN  
Address: 20353 BOCA WEST DRIVE #1201  
City-St-Zip: BOCA RATON, FL 33433

Title: ST  
Name: LUNN, JON  
Address: 20281 BOCA WEST DR. #2201  
City-St-Zip: BOCA RATON, FL 33434

Title: P  
Name: CUZZONE, CHERYL  
Address: 20337 BOCA WEST DR, #1802  
City-St-Zip: BOCA RATON, FL

Title: D  
Name: BRAMWIT, DAVID  
Address: 20345 BOCA WEST DR #1505  
City-St-Zip: BOCA RATON, FL 33434

Title: D  
Name: WEISS, GARY  
Address: 20273 BOCA WEST DRIVE #2306  
City-St-Zip: BOCA RATON, FL 33434

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: GARY PALOMBI

RA

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date