

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 720040

**Entity Name:** BOCA TOWERS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Oct 18, 2023**  
**Secretary of State**  
**7390843010CC**

**Current Principal Place of Business:**

2121 N OCEAN BLVD  
MANAGEMENT OFFICE  
BOCA RATON, FL 33431

**Current Mailing Address:**

2121 N OCEAN BLVD  
MANAGEMENT OFFICE  
BOCA RATON, FL 33431 US

**FEI Number: 59-1409188**

**Certificate of Status Desired: No**

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

BECKER & POLIAKOFF P.A.  
625 NORTH FLAGLER DRIVE 7TH FLOOR  
WEST PALM BEACH, FL 33401 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            PRESIDENT  
Name            SPONEM, PATRICIA  
Address        2121 N OCEAN BLVD  
                  MANAGEMENT OFFICE  
City-State-Zip: BOCA RATON FL 33431

Title            VICE PRESIDENT  
Name            GALLAGHER, JAMES  
Address        2121 N. OCEAN BLVD.  
City-State-Zip: BOCA RATON FL 33431

Title            SECRETARY  
Name            RESNICK, GILDA  
Address        2121 N. OCEAN BLVD.  
City-State-Zip: BOCA RATON FL 33431

Title            TREASURER  
Name            KOFISKY, PATRICIA  
Address        2121 N OCEAN BLVD  
                  MANAGEMENT OFFICE  
City-State-Zip: BOCA RATON FL 33431

Title            DIRECTOR  
Name            AUERBACH, BARRY  
Address        2121 N OCEAN BLVD  
                  MANAGEMENT OFFICE  
City-State-Zip: BOCA RATON FL 33431

Title            DIRECTOR  
Name            TOLLIN , PAUL  
Address        2121 N OCEAN BLVD  
                  MANAGEMENT OFFICE  
City-State-Zip: BOCA RATON FL 33431

Title            DIRECTOR  
Name            EGOROV , DMITRY  
Address        2121 N OCEAN BLVD  
City-State-Zip: BOCA RATON FL 33431

*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: GILDA RESNICK**

**SECRETARY**

**10/18/2023**

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

\_\_\_\_\_  
Date