

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726878

Entity Name: BOCA RATON MUSEUM OF ART, INC.**Current Principal Place of Business:**501 PLAZA REAL
BOCA RATON, FL 33432**Current Mailing Address:**501 PLAZA REAL
BOCA RATON, FL 33432**FEI Number:** 59-6019851**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRASS, JODY HARRISON
501 PLAZA REAL
BOCA RATON, FL 33432 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:** JODY HARRISON GRASS

04/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR
Name DESPREZ, JOHN
Address 2348 SOUTH OCEAN BLVD
City-State-Zip: HIGHLAND BEACH FL 33487

Title VICE CHAIR
Name JAKOBSON, PAOLA LUPTAK
Address 3923 DEVON COURT N
City-State-Zip: BOCA RATON FL 33496

Title ASSISTANTTREASURER
Name KIRSTEIN, ZACHARY
Address 501 PLAZA REAL
City-State-Zip: BOCA RATON FL 33432

Title TREASURER
Name WOLGIN, DANIEL
Address 2408 NW 40TH CIRCLE
City-State-Zip: BOCA RATON FL 33431

Title 2ND VICE CHAIR
Name MORGENSTERN, TAMARA DR.
Address 550 SE 5TH AVENUE
APT 103S
City-State-Zip: BOCA RATON FL 33432

Title EXECUTIVE DIRECTOR
Name LIPPMAN, IRVIN M
Address 501 PLAZA REAL
City-State-Zip: BOCA RATON FL 33432

Title SECRETARY
Name GILDEN, LORRAINE
Address 501 PLAZA REAL
City-State-Zip: BOCA RATON FL 33432

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: IRVING LIPPMAN**EXECUTIVE DIRECTOR**

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date