

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

05/04/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR  
Name GRASS, JODY HARRISON  
Address 248 THATCH PALM DR.  
City-State-Zip: BOCA RATON FL 33432-2551

Title 2ND VICE CHAIR  
Name DESPREZ , JOHN III  
Address 2348 SOUTH OCEAN BLVD.  
City-State-Zip: HIGHLAND BEACH FL 33487

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

Title TREASURER  
Name COHEN, GAIL  
Address 2255 GLADES ROAD  
SUITE 212 EAST  
City-State-Zip: BOCA RATON FL 33431

Title ASST. TREASURER  
Name SMITH, EDWARD III  
Address 225 NE MIZNER BLVD. SUITE 685  
City-State-Zip: BOCA RATON FL 33432

Title SECRETARY  
Name MORGENSTERN, TAMARA DR.  
Address 550 SE 5TH AVENUE  
APT 103S  
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:** JODY H. GRASS

BOARD CHAIR

05/04/2020

Electronic Signature of Signing Officer/Director Detail

Date