

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761013

FILED
Feb 07, 2014
Secretary of State
CC9754300645

Entity Name: WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3901 N FEDERAL HWY
STE 202
BOCA RATON, FL 33431

Current Mailing Address:

3901 N FEDERAL HWY
STE 202
BOCA RATON, FL 33431 US

FEI Number: 59-2280794

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: ALAN LEVIN

02/07/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name COHEN, RITA
Address 3901 N FEDERAL HWY, STE 202
City-State-Zip: BOCA RATON FL 33431

Title VP
Name CHEIKES, VICKI
Address 3901 N FEDERAL HWY, STE 202
City-State-Zip: BOCA RATON FL 33431

Title TREASURER
Name HAVEKOTTE, ELEANOR
Address 3901 N FEDERAL HWY, STE 202
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY, DIRECTOR
Name WELLMAN, AMY
Address 3901 N FEDERAL HWY, STE 202
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name BERNSTEIN, STANLEY
Address 3901 N FEDERAL HWY, STE 202
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name KENGER, MARTIN
Address 3901 N FEDERAL HWY, STE 202
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name COVAR, ULISES
Address 3901 N FEDERAL HWY, STE 202
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: RITA COHEN

PRESIDENT

02/07/2014

Electronic Signature of Signing Officer/Director Detail

Date