

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765998

Entity Name: BOCA DELRAY ASSOCIATION, INC.**Current Principal Place of Business:**5483 BOCA DELRAY BLVD.
DELRAY BEACH, FL 33484**Current Mailing Address:**5483 BOCA DELRAY BLVD.
DELRAY BEACH, FL 33484 US**FEI Number:** 59-2242102**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIATED CORPORATE SERVICES
6111 BROKEN SOUND PARKWAY NW STE 200
BOCA RATON, FL 33487 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 TREASURER
Name HADLEY, J DWIGHT
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title VP
Name TOBIAS, ROBERT
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title PRESIDENT
Name EICHLER, BRIAN
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name CHAFETZ, JEFF
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name STEINER, HAROLD
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title VP
Name LAMPLEY, HANDY
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY
Name EFFRON, CAROL
Address 5483 BOCA DELRAY BOULEVARD
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name SINGER, BARBARA
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

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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: BRIAN EICHLER**PRESIDENT****03/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHECHTMAN, STANLEY
Address	5483 BOCA DELRAY BLVD.
City-State-Zip:	DELRAY BEACH FL 33484