

2014 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**FEI Number:** 59-2242102**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ST. JOHN, CORE & LEMME, P.A.
1601 FORUM PLACE
STE 701
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	P
Name	BROWN, KEN
Address	5483 BOCA DELRAY BLVD.
City-State-Zip:	DELRAY BEACH FL 33484

Title	V
Name	LEVINE, ERWIN
Address	5483 BOCA DELRAY BLVD.
City-State-Zip:	DELRAY BEACH FL 33484

Title	T
Name	GOODMAN, DAVID
Address	5483 BOCA DELRAY BLVD.
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	BRILLIANT, SHEILA
Address	5483 BOCA DELRAY BLVD
City-State-Zip:	DELRAY BEACH FL

Title	D
Name	KLINE, JULIAN
Address	5483 BOCA DELRAY BLVD
City-State-Zip:	DELRAY BEACH FL 33484

Title	S
Name	RICH, HARRY
Address	5483 BOCA DELRAY BLVD
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	SNOWHITE, MARC
Address	5483 BOCA DELRAY BLVD.
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	DAVIS, TED
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: DAVID GOODMAN**TREASURER****03/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	D
Name	DEBROVNER, MARCIA
Address	5483 BOCA DELRAY BLVD.
City-State-Zip:	DELRAY BEACH FL 33484