

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 VP
Name SYNDERMAN, MYRA
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 DIRECTOR
Name KLEIN, ELAYNE
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

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

Title TREASURER
Name HADLEY, J DWIGHT
Address 5483 BOCA DELRAY BLVD.
City-State-Zip: DELRAY BEACH FL 33484

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

Title PRESIDENT
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

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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: HANDY LAMPLEY

PRESIDENT

03/23/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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