2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08397

Entity Name: WIND KEY AT BOCA WEST PROPERTY OWNERS'

ASSOCIATION, INC.

Current Principal Place of Business:

EXCEL PROPERTY MANAGEMENT SERVICES LLC 2385 NW EXECUTIVE CENTER DR. SUITE 100

BOCA RATON, FL 33431

Current Mailing Address:

EXCEL PROPERTY MANAGEMENT SERVICES LLC 2385 NW EXECUTIVE CENTER DR. SUITE 100 BOCA RATON, FL 33431 US

FEI Number: 59-2716248 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TUCCI, FRANK EXCEL PROPERTY MANAGEMENT SERVICES LLC 2385 NW EXECUTIVE CENTER DR. SUITE 100 BOCA RATON, FL 33431 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: FRANK TUCCI 03/20/2025

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name GOLDMAN, GARY Name FIEMAN, SANDRA

Address 2385 NW EXECUTIVE CENTER DR. Address 2385 NW EXECUTIVE CENTER DR.

SUITE 100 SUITE 100

BOCA RATON FL 33431 BOCA RATON FL 33431 City-State-Zip: City-State-Zip:

Title Title SECRETARY FLICKER, ALLEN PARE, WENDY Name Name

2385 NW EXECUTIVE CENTER DR. 2385 NW EXECUTIVE CENTER DR. Address Address

SUITE 100 SUITE 100

City-State-Zip: BOCA RATON FL 33431 City-State-Zip: BOCA RATON FL 33431

Title **DIRECTOR** Name FRED HARMATZ

Address **EXCEL PROPERTY MANAGEMENT**

SERVICES LLC

2385 NW EXECUTIVE CENTER DR.

SUITE 100

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: GARY GOLDMAN PRESIDENT

FILED Mar 20, 2025

Secretary of State

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