

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19390

Entity Name: LA MIRADA AT BOCA POINTE CONDOMINIUM ASSOCIATION
NUMBER EIGHT, INC.**FILED**
Apr 25, 2019
Secretary of State
5159528871CC**Current Principal Place of Business:**C/O ASSOCIATION SPECIALTY GROUP, LLC
902 CLINT MOORE RD #110
BOCA RATON, FL 33487-8290**Current Mailing Address:**C/O ASSOCIATION SPECIALTY GROUP, LLC
902 CLINT MOORE RD #110
BOCA RATON, FL 33487-8290 US**FEI Number: 65-0103460****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHNER, LARRY EPA
C/O SACHS SAX CAPLAN, P.L.
6111 BROKEN SOUND PARKWAY NW SUITE #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	PRESIDENT
Name	SEGESTA, JUDITH
Address	C/O ASSOCIATION SPECIALTY GROUP, LLC 902 CLINT MOORE RD #110
City-State-Zip:	BOCA RATON FL 33487-8290

Title	VICE PRESIDENT
Name	SHAPIRO, STEPHANIE
Address	C/O ASSOCIATION SPECIALTY GROUP, LLC 902 CLINT MOORE RD #110
City-State-Zip:	BOCA RATON FL 33487-8290

Title	TREASURER
Name	GORDON , DIANE
Address	C/O ASSOCIATION SPECIALTY GROUP, LLC 902 CLINT MOORE RD #110
City-State-Zip:	BOCA RATON FL 33487-8290

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: JUDITH SEGESTA**PRESIDENT****04/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date