

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755359

Entity Name: MARLWOOD HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**790 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**790 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**FEI Number:** 59-2088846**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CARROLL, KEVIN M
790 PARK OF COMMERCE BLVD
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:** CARROLL, KEVIN

04/18/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	RUSSO, CLEMENTE
Address	4 CUIILLAN CIRLCE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	PRESIDENT
Name	COPPAGE, GAIL
Address	11 RABBITS RUN
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	BENCIN, JIM
Address	11 SHELDRAKE LANE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	D
Name	COLLETTE, KEVIN
Address	67 DUNBAR ROAD
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP, SECRETARY
Name	GOLDBERGER, CONNIE
Address	19 RABBITS RUN
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	WEISS, SUSAN
Address	25 SHELDRAKE LANE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	FERTIG, JOSEPH
Address	57 DUNBAR ROAD
City-State-Zip:	PALM BEACH GARDENS FL 33418

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: GAIL COPPAGE

PRESIDENT

04/18/2022

Electronic Signature of Signing Officer/Director Detail

Date