

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761119

Entity Name: DOS LAGOS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463**Current Mailing Address:**C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463 US**FEI Number:** 59-2159401**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRAVIT LAW, P.A.
1801 N. MILITARY TRAIL
SUITE 120
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name YUEN, SIMON
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name LATASSA, FRANK
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name SMITH, LEON
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name TAYLOR, LORI
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT
Name GERHARDT, BERNARD
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name DEMARZO, ROBERT
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY
Name RICE, SUZANNE
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

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: GERHARDT, BERNARD

PRESIDENT

06/08/2020

