

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005483

Entity Name: SECRET POND P.U.D. HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O VICTORY ACCOUNTING SERVICES
1500 GATEWAY BLVD SUITE220
BOYNTON BEACH, FL 33426**Current Mailing Address:**C/O VICTORY ACCOUNTING SERVICES
1500 GATEWAY BLVD SUITE220
BOYNTON BEACH, FL 33426 US**FEI Number:** 59-3745097**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHERYL J. LEVIN, P.A.
CHERYL J. LEVIN, P.A.
4694 NW 103RD AVENUE
SUNRISE, FL 33351 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:** CHERYL J. LEVIN

02/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	RAUGH, JAMES
Address	C/O VICTORY ACCOUNTING SERVICES 1500 GATEWAY BLVD SUITE220
City-State-Zip:	BOYNTON BEACH FL 33426

Title	SECRETARY
Name	GERBER, SCOTT
Address	C/O VICTORY ACCOUNTING SERVICES 1500 GATEWAY BLVD SUITE220
City-State-Zip:	BOYNTON BEACH FL 33426

Title	PRESIDENT
Name	GRAY, ANDRE
Address	C/O VICTORY ACCOUNTING SERVICES 1500 GATEWAY BLVD SUITE220
City-State-Zip:	BOYNTON BEACH FL 33426

Title	VP
Name	LABOY, VICTOR
Address	C/O VICTORY ACCOUNTING SERVICES 1500 GATEWAY BLVD SUITE220
City-State-Zip:	BOYNTON BEACH FL 33426

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: ANDRE GRAY

P

02/12/2021

Electronic Signature of Signing Officer/Director Detail

Date