

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001787

Entity Name: CASABELLA PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O GRS COMMUNITY MANAGEMENT, INC.
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463

Current Mailing Address:

C/O GRS COMMUNITY MANAGEMENT, INC.
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463 US

FEI Number: 16-1695638**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SACHS, SAX, CAPLAN
6111 BROKEN SOUND PARKWAY
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 APEL, LUDWIG
Address C/O GRS COMMUNITY
 MANAGEMENT, INC.
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY
Name MOSKOWITZ, ALLISON
Address C/O GRS COMMUNITY
 MANAGEMENT, INC.
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name DURAN, ROBERT
Address C/O GRS COMMUNITY
 MANAGEMENT, INC.
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title TREASURER
Name BLANCO, DEBORAH
Address C/O GRS COMMUNITY
 MANAGEMENT, INC.
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name DAVIS, MATT
Address C/O GRS COMMUNITY
 MANAGEMENT, 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: APEL LUDWIG**PRESIDENT****02/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date