

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001787

**Entity Name:** CASABELLA PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Feb 07, 2023**  
**Secretary of State**  
**5651534413CC**

**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            TREASURER  
Name            BLANCO, DEBORAH  
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            DAVIS, MATT  
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

*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