

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03554

**FILED**  
**Mar 15, 2021**  
**Secretary of State**  
**6965542570CC**

**Entity Name:** VILLA FLORA AT BOCA POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

CREST MANAGEMENT GROUP  
6413 CONGRESS AVENUE SUITE 100  
BOCA RATON, FL 33487

**Current Mailing Address:**

CREST MANAGEMENT GROUP  
6413 CONGRESS AVENUE SUITE 100  
BOCA RATON, FL 33487 US

**FEI Number: 59-2739558**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BUDD, GARY  
CREST MANAGEMENT GROUP  
6413 CONGRESS AVENUE SUITE 100  
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:** GARY BUDD

03/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FELSER, KAREN  
Address CREST MANAGEMENT GROUP  
6413 CONGRESS AVENUE SUITE 100  
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT  
Name MOTYKA, BONNIE  
Address CREST MANAGEMENT GROUP  
6413 CONGRESS AVENUE SUITE 100  
City-State-Zip: BOCA RATON FL 33487

Title T  
Name ROTTENSTEIN, ARTHUR  
Address CREST MANAGEMENT GROUP  
6413 CONGRESS AVENUE SUITE 100  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name LEONARD, DAVID  
Address CREST MANAGEMENT GROUP  
6413 CONGRESS AVENUE SUITE 100  
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY  
Name AGUILERA, LOURDES  
Address CREST MANAGEMENT GROUP  
6413 CONGRESS AVENUE SUITE 100  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name MURRAY, CONNIE  
Address CREST MANAGEMENT GROUP  
6413 CONGRESS AVENUE SUITE 100  
City-State-Zip: BOCA RATON FL 33487

*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:** BONNIE MOTYKA

**PRESIDENT**

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date