

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

DOCUMENT# N03554

**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

04/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	RAYMOND, STEVEN
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	SECRETARY
Name	WASSERMAN, AMANDA
Address	CREST MANAGEMENT GROUP 6413 CONGRESS AVENUE SUITE 100

City-State-Zip: BOCA RATON FL 33487

Title	DIRECTOR
Name	ANGERAME, TONI ANN
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	DIRECTOR
Name	LEONARD, DAVID
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

04/13/2023

