

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000402

**Entity Name:** SERRANO HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 09, 2022**  
**Secretary of State**  
**5591126852CC**

**Current Principal Place of Business:**

44 COUNTRY LAKE TRAIL  
SERRANO HOMEOWNERS ASSOCIATION  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

44 COUNTRY LAKE TRAIL  
SERRANO HOMEOWNERS ASSOCIATION  
BOYNTON BEACH, FL 33436 US

**FEI Number:** 34-1997165

**Certificate of Status Desired:** No

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

GERSTIN, JOSHUA ESQ  
GERSTIN & ASSOCIATES  
40 S.E. 5TH STREET, SUITE 610  
BOCA RATON, FL 33432 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            SIMMONS, DARRIN  
Address        40 COUNTRY LAKE CIRCLE  
                  SERRANO HOMEOWNERS  
                  ASSOCIATION  
City-State-Zip: BOYNTON BEACH FL 33436

Title            TRES  
Name            JOHNSON, STEWART  
Address        44 COUNTRY LAKE TRAIL  
                  SERRANO HOMEOWNERS  
                  ASSOCIATION  
City-State-Zip: BOYNTON BEACH FL 33436

Title            VP  
Name            QUNTIAL, ROB  
Address        3 COUNTRY LAKE TRAIL  
                  SERRANO HOMEOWNERS  
                  ASSOCIATION  
City-State-Zip: BOYNTON BEACH FL 33436

Title            DIRECTOR  
Name            TULP, BOB  
Address        43 COUNTRY LAKE CIRCLE  
                  SERRANO HOMEOWNERS  
                  ASSOCIATION  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** STEWART JOHNSON

**TREASURER**

**02/09/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date