

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08791

**Entity Name:** LA JOYA OF BOCA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**

C/O GRANT PROPERTY MANAGEMENT  
851 BROKEN SOUND PKWY NW SUITE 102  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O GRANT PROPERTY MANAGEMENT  
851 BROKEN SOUND PKWY NW SUITE 102  
BOCA RATON, FL 33487 US

**FEI Number:** 59-2641184**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SCHNER, LARRY E  
6111 BROKEN SOUND PARKWAY NW  
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:** LARRY E. SCHNER

02/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            MAYNES, BILL  
Address        C/O GRANT PROPERTY  
                  MANAGEMENT  
                  851 BROKEN SOUND PKWY NW  
                  SUITE 102  
City-State-Zip: BOCA RATON FL 33487

Title            DIRECTOR  
Name            FENTON, WILLIAM  
Address        C/O GRANT PROPERTY  
                  MANAGEMENT  
                  851 BROKEN SOUND PKWY NW  
                  SUITE 102  
City-State-Zip: BOCA RATON FL 33487

Title            DIRECTOR  
Name            POULERIGUEN, ALAIN  
Address        C/O GRANT PROPERTY  
                  MANAGEMENT  
                  851 BROKEN SOUND PKWY NW  
                  SUITE 102  
City-State-Zip: BOCA RATON FL 33487

Title            PRESIDENT  
Name            MARTINEZ, ALFRED  
Address        C/O GRANT PROPERTY  
                  MANAGEMENT  
                  851 BROKEN SOUND PKWY NW  
                  SUITE 102  
City-State-Zip: BOCA RATON FL 33487

Title            SECRETARY  
Name            HAUBRICH, GUNTER  
Address        C/O GRANT PROPERTY  
                  MANAGEMENT  
                  851 BROKEN SOUND PKWY NW  
                  SUITE 102  
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:** ALFRED MARTINEZ

PRESIDENT

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date