## 2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N12016

Entity Name: BOCA LANDINGS HOMEOWNERS ASSOCIATION, INC.

FILED
May 12, 2025
Secretary of State
1836865619CC

## **Current Principal Place of Business:**

C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463

## **Current Mailing Address:**

C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463 US

FEI Number: 59-2652809 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STEVENS & GOLDWYN PA 2 S UNIVERSITY DR #329 PLANTATION, FL 33324 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: STEVENS & GOLDWYN 05/12/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title VP

Name HAAR, DANIEL Name RIGER, DAWN

Address C/O GRS COMMUNITY MANAGEMENT Address C/O GRS COMMUNITY MANAGEMENT

3900 WOODLAKE BLVD. SUITE 309 3900 WOODLAKE BLVD. SUITE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT Title DIRECTOR

Name LOCIGNO, MARK Name JUDD, SHERRY

Address C/O GRS COMMUNITY MANAGEMENT Address C/O GRS COMMUNITY MANAGEMENT

3900 WOODLAKE BLVD. SUITE 309 3900 WOODLAKE BLVD. SUITE 309

City-State-Zip: LAKE WORTH FL 33463 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: MARK LOCIGNO PRESIDENT 05/12/2025