

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12016

Entity Name: BOCA LANDINGS HOMEOWNERS ASSOCIATION, INC.

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

01/31/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name HAAR, DANIEL
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name RIGER, DAWN
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT
Name LOCIGNO, MARK
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name JUDD, SHERRY
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY
Name LAW, JONATHON
Address 3900 WOODLAKE BLVD.
 309
City-State-Zip: LAKEWORTH 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: LOCIGNO , MARK

PRESIDENT

01/31/2025

Electronic Signature of Signing Officer/Director Detail

Date