

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13055

FILED
Mar 25, 2021
Secretary of State
2655453357CC

Entity Name: COUNTRY FAIR AT BOYNTON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH ROAD SUITE B
LAKE WORTH, FL 33467

Current Mailing Address:

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH ROAD SUITE B
LAKE WORTH, FL 33467 US

FEI Number: 59-2661252

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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: JOSHUA GERSTIN

03/25/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GIBBY, MICHAEL
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT OF THE PALM
 BEACHES, INC.
 8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title VP
Name MARKS, DOUGLAS
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT OF THE PALM
 BEACHES, INC.
 8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name OBERMAN, LARRY
Address 8135 LAKE WORTH ROAD
 STE B
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY
Name CORVO, YUNET SAEZ
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT OF THE PALM
 BEACHES, INC.
 8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name DELBAUGH, CHRISTOPHER
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT OF THE PALM
 BEACHES, INC.
 8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name BENNETT, MATTHEW
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT OF THE PALM
 BEACHES, INC.
 8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name SINN, JAMES
Address C/O ASSOCIATED PROPERTY
 MANAGEMENT OF THE PALM
 BEACHES, INC.
 8135 LAKE WORTH ROAD SUITE B
City-State-Zip: LAKE WORTH FL 33467

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: MICHAEL GIBBY

PRESIDENT

03/25/2021

Electronic Signature of Signing Officer/Director Detail

Date