

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011486

Entity Name: VISTA DEL LAGO AT BOCA FLORES HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 16, 2022
Secretary of State
6721867260CC**Current Principal Place of Business:**C/O CASTLE GROUP
500 S. AUSTRALIAN AVENUE SUITE 700
WEST PALM BEACH, FL 33401**Current Mailing Address:**C/O CASTLE GROUP
500 S. AUSTRALIAN AVENUE SUITE 700
WEST PALM BEACH, FL 33401 US**FEI Number: APPLIED FOR****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAPLAN, ESP, LOUIS
SACHS SAX CAPLAN PL
6111 BROKEN SOUND PKWY 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:** LOUIS CAPLAN, ESP

03/16/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	STUDER, PHILIP
Address	C/O CASTLE GROUP 500 S. AUSTRALIAN AVENUE SUITE 700
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VP
Name	DEVERSON, SUSANNE
Address	C/O CASTLE GROUP 500 S. AUSTRALIAN AVENUE SUITE 700
City-State-Zip:	WEST PALM BEACH FL 33401

Title	SECRETARY, TREASURER
Name	TOBACK, MINDY
Address	C/O CASTLE GROUP 500 S. AUSTRALIAN AVENUE SUITE 700
City-State-Zip:	WEST PALM BEACH FL 33401

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: PHILIP STUDER**PRESIDENT**

03/16/2022

Electronic Signature of Signing Officer/Director Detail

Date