## 2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N20067

Entity Name: SUN VALLEY HOMEOWNERS ASSOCIATION, INC.

FILED
Aug 10, 2021
Secretary of State
4340212568CC

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

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

## **Current Mailing Address:**

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

FEI Number: 59-2813606 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KAYE BENDER REMBAUM, P.L. C/O MICHAEL S. BENDER, ESQ. 1200 PARK CENTRAL BLVD SOUTH POMPANO BEACH, FL 33064 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: MICHAEL S. BENDER, ESQ. 08/10/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name HUFSCHMID, PATRICIA Name PIAZZA, VINCENT

Address C/O GRS MANAGEMENT Address C/O GRS 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 SECRETARY Title TREASURER

Name VESCOVI, ROBYN Name DECRANE, BEVERLY

Address C/O GRS MANAGEMENT Address C/O GRS 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 DIRECTOR Title DIRECTOR

Name HICKS, JON Name NARDOTTI, ANTHONY
Address 9263 SUN POINTE DRIVE Address 9673 MAJESTIC WAY

City-State-Zip: BOYNTON BEACH FL 33437 City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR

Name MEYRICK, RICHARD

Address 3900 WOODLAKE BLVD

309

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: PATRICIA HUFSCHMID PRES 08/10/2021