

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20067

Entity Name: SUN VALLEY HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 27, 2022
Secretary of State
9043787193CC

Current Principal Place of Business:

3646 23RD AVE S #109
LAKE WORTH, FL 33461

Current Mailing Address:

P.O. BOX 740425
BOYNTON BEACH, FL 33474 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.

01/27/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HUFSCHMID, PATRICIA
Address C/O CAROLINA MANAGEMENT
SERVICES
3646 23RD AVE S UNIT 109
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR
Name PIAZZA, VINCENT
Address C/O CAROLINA MANAGEMENT
SERVICES
3646 23RD AVE S UNIT 109
City-State-Zip: LAKE WORTH FL 33461

Title SECRETARY
Name VESCOVI, ROBYN
Address C/O CAROLINA MANAGEMENT
SERVICES
3646 23RD AVE S UNIT 109
City-State-Zip: LAKE WORTH FL 33461

Title TREASURER
Name DECRANE, BEVERLY
Address C/O CAROLINA MANAGEMENT
SERVICES
3646 23RD AVE S UNIT 109
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR
Name HICKS, JON
Address C/O CAROLINA MANAGEMENT
SERVICES
3646 23RD AVE S UNIT 109
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR
Name NARDOTTI, ANTHONY
Address C/O CAROLINA MANAGEMENT
SERVICES
3646 23RD AVE S UNIT 109
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR
Name MEYRICK, RICHARD
Address C/O CAROLINA MANAGEMENT
SERVICES
3646 23RD AVE S UNIT 109
City-State-Zip: LAKE WORTH FL 33461

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

PRESIDENT

01/27/2022

Electronic Signature of Signing Officer/Director Detail

Date