

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20067

**Entity Name:** SUN VALLEY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 20, 2020**  
**Secretary of State**  
**8142501167CC**

**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.**

**01/20/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name NARDOTTI, ANTHONY  
Address 9673 MAJESTIC WAY  
City-State-Zip: BOYNTON BEACH FL 33437

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

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

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

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

Title DIRECTOR  
Name HICKS, JON  
Address 9263 SUN POINTE DRIVE  
City-State-Zip: BOYNTON BEACH FL 33437

*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: ROBYN VESCOVI**

**PRESIDENT**

**01/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date