

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

DOCUMENT# N23337

**FILED**  
**Jan 27, 2020**  
**Secretary of State**  
**3991722150CC**

**Entity Name:** BOCA BAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O QUALITY MANAGEMENT GROUP  
6600 W ROGERS CIRCLE SUITE 9  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O QUALITY MANAGEMENT GROUP  
6600 W ROGERS CIRCLE SUITE 9  
BOCA RATON, FL 33487 US

**FEI Number:** 65-0021705

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KAREN M SULLIVAN, P.A.  
441 S. STATE RD 7  
SUITE #1  
MARGATE, FL 33068 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:** KAREN SULLIVAN

01/27/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LIVINGSTON, GRACIELA  
Address        C/O QUALITY MANAGEMENT GROUP  
                  6600 W ROGERS CIRCLE SUITE 9  
City-State-Zip: BOCA RATON FL 33487

Title            VP  
Name            TRIFUNOVIC, MLADEN  
Address        C/O QUALITY MANAGEMENT GROUP  
                  6600 W ROGERS CIRCLE SUITE 9  
City-State-Zip: BOCA RATON FL 33487

Title            TREASURER  
Name            SARKISIAN, GEORGE  
Address        C/O QUALITY MANAGEMENT GROUP  
                  6600 W ROGERS CIRCLE SUITE 9  
City-State-Zip: BOCA RATON FL 33487

Title            SECRETARY  
Name            BURNS, WILLIAM  
Address        C/O QUALITY MANAGEMENT GROUP  
                  6600 W ROGERS CIRCLE SUITE 9  
City-State-Zip: BOCA RATON FL 33487

*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:** GRACIELA LIVINGSTON

**PRESIDENT**

01/27/2020

Electronic Signature of Signing Officer/Director Detail

Date