

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23337

Entity Name: BOCA BAY HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 10, 2021
Secretary of State
3822555383CC

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

03/10/2021

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

03/10/2021

Electronic Signature of Signing Officer/Director Detail

Date