## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23337

Entity Name: BOCA BAY HOMEOWNERS ASSOCIATION, INC.

FILED Feb 11, 2014 Secretary of State CC3191207692

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

% QUALITY MANAGEMENT GROUP 9045 LA FONTANA BLVD., #101 BOCA RATON, FL 33434

## **Current Mailing Address:**

% QUALITY MANAGEMENT GROUP 9045 LA FONTANA BLVD., #101 BOCA RATON, FL 33434 US

FEI Number: 65-0021705 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KRAVIT LAW, P.A. 7000 W. PALMETTO PARK RD., STE 210 BOCA RATON, FL 33433 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name LIVINGSTON, GRACIELA Name TRIFUNOVIC, MLADEN

Address C/O QUALITY MANAGEMENT GROUP Address C/O QUALITY MANAGEMENT GROUP

9045 LA FONTANA BLVD. STE 101 9045 LA FONTANA BLVD. STE 101

City-State-Zip: BOCA RATON FL 33434 City-State-Zip: BOCA RATON FL 33434

Title SECRETARY Title TREASURER

Name MARTINEZ, MARIA Name WOODMORE, WILLIAM

Address C/O QUALITY MANAGEMENT GROUP Address C/O QUALITY MANAGEMENT GROUP

9045 LA FONTANA BLVD. STE 101 9045 LA FONTANA BLVD. STE 101

City-State-Zip: BOCA RATON FL 33434 City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR Title DIRECTOR

Name BURNS, WILLIAM Name FRANCE, PASCAL

Address C/O QUALITY MANAGEMENT GROUP Address C/O QUALITY MANAGEMENT GROUP

9045 LA FONTANA BLVD. STE 101 9045 LA FONTANA BLVD. STE 101

City-State-Zip: BOCA RATON FL 33434 City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR

Name WEAKLAND, LORI

Address C/O QUALITY MANAGEMENT GROUP

9045 LA FONTANA BLVD. STE 101

City-State-Zip: BOCA RATON FL 33434

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 02/11/2014

Electronic Signature of Signing Officer/Director Detail

Date