

2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N23337

Entity Name: BOCA BAY HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 10, 2017
Secretary of State
CR5256017510

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.
1801 N. MILITARY TRAIL
SUITE 120
BOCA RATON, FL 33431 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: CORY B. KRAVIT, ESQ.

01/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LIVINGSTON, GRACIELA
Address C/O QUALITY MANAGEMENT GROUP
 9045 LA FONTANA BLVD. STE101
City-State-Zip: BOCA RATON FL 33434

Title VP
Name TRIFUNOVIC, MLADEN
Address C/O QUALITY MANAGEMENT GROUP
 9045 LA FONTANA BLVD. STE101
City-State-Zip: BOCA RATON FL 33434

Title TREASURER
Name MARTINEZ, MARIA
Address C/O QUALITY MANAGEMENT GROUP
 9045 LA FONTANA BLVD. STE101
City-State-Zip: BOCA RATON FL 33434

Title SECRETARY
Name BURNS, WILLIAM
Address C/O QUALITY MANAGEMENT GROUP
 9045 LA FONTANA BLVD. STE101
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR
Name LEWIS, DORIAN
Address C/O QUALITY MANAGEMENT GROUP
 9045 LA FONTANA BLVD. STE101
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

P

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date