2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38622

Entity Name: BOCA QUAY HOMEOWNERS' ASSOCIATION, INC.

FILED Mar 14, 2019 **Secretary of State** 9719088350CC

Current Principal Place of Business:

CREST MANAGEMENT GROUP 6413 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487

Current Mailing Address:

CREST MANAGEMENT GROUP 6413 CONGRESS AVENUE SUITE 100 BOCA RATON, FL 33487 US

FEI Number: 65-0331643 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TUCKER & TIGHE P.A. 800 E. BROWARD BLVD.

STE. 710

FT. LAUDERDALE, FL 33301 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

Officer/Director Detail:

Title Title **TREASURER**

Name GRAVALLESE, ANGELA Name KINKAID, SUSAN

CREST MANAGEMENT GROUP CREST MANAGEMENT GROUP Address Address 6413 CONGRESS AVENUE SUITE 100 6413 CONGRESS AVENUE SUITE 100

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

Title VΡ Title **PRESIDENT**

Name GREENE, JAMES Name CASTRO, PETER

Address CREST MANAGEMENT GROUP Address CREST MANAGEMENT GROUP

6413 CONGRESS AVENUE SUITE 100 6413 CONGRESS AVENUE SUITE 100

City-State-Zip: **BOCA RATON FL 33487** BOCA RATON FL 33487

City-State-Zip:

Title DIRECTOR Title **DIRECTOR**

DELGATTO, RICHARD Name Name MELNICOFF, ERIC

Address CREST MANAGEMENT GROUP

6413 CONGRESS AVENUE SUITE 100 Address CREST MANAGEMENT GROUP 6413 CONGRESS AVENUE SUITE 100

City-State-Zip: BOCA RATON FL 33487 BOCA RATON FL 33487 City-State-Zip:

Title DIRECTOR

Name ZINGARIELLO, GINA

Address **CREST MANAGEMENT GROUP**

6413 CONGRESS AVENUE SUITE 100

BOCA RATON FL 33487 City-State-Zip:

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: PETER CASTRO **PRESIDENT** 03/14/2019

Date