

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38622

Entity Name: BOCA QUAY HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 30, 2021
Secretary of State
8581679543CC

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:

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

03/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name GRAVALLESE, ANGELA
Address CREST MANAGEMENT GROUP
6413 CONGRESS AVENUE SUITE 100
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name KINKAID, SUSAN
Address CREST MANAGEMENT GROUP
6413 CONGRESS AVENUE SUITE 100
City-State-Zip: BOCA RATON FL 33487

Title VP
Name GREENE, JAMES
Address CREST MANAGEMENT GROUP
6413 CONGRESS AVENUE SUITE 100
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT
Name CASTRO, PETER
Address CREST MANAGEMENT GROUP
6413 CONGRESS AVENUE SUITE 100
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name DELGATTO, RICHARD
Address CREST MANAGEMENT GROUP
6413 CONGRESS AVENUE SUITE 100
City-State-Zip: BOCA RATON FL 33487

Title TREASURER
Name FIELDING, RORY
Address CREST MANAGEMENT GROUP
6413 CONGRESS AVENUE SUITE 100
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR
Name ZINGARIELLO, GINA
Address CREST MANAGEMENT GROUP
6413 CONGRESS AVENUE SUITE 100
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: PETER CASTRO

PRESIDENT

03/30/2021

