

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N38622

**Entity Name:** BOCA QUAY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jun 11, 2018**  
**Secretary of State**  
**CC9494415692**

**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

\_\_\_\_\_  
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 TREASURER  
Name PELLEGRINO, ANITA  
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 DIRECTOR  
Name ABAD, VINCENT  
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**

**06/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date