

FEB 28 REC'D

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90033 019 ****61.25

DOCUMENT # N99000004310

1. Entity Name
CORSIKA PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD #309
LAKE WORTH, FL 33463

Mailing Address
GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD #309
LAKE WORTH, FL 33463

40033108



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008

Chg-NP

CR2E037 (12/06)

4. FEI Number

65-0984886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAW OFF. OF ST. JOHN, CORE, FIORE & LEMME
1601 FORUM PLACE STE 701
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name *Jay Steven Levine*
Street Address (P.O. Box Number is Not Acceptable) *3300 PGA Blvd Ste 530*
City *Palm Beach Gardens* FL Zip Code *33410*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jay Steven Levine
Signature typed or printed name of registered agent and title if applicable

President

2-24-08

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP2	<input checked="" type="checkbox"/> Delete
NAME	CHESNIES, ROBERT	
STREET ADDRESS	8094 FLONENZA DR	33472
CITY-ST-ZIP	BOYNTON BEACH, FL	33437
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, JOYCE	
STREET ADDRESS	8167 DUOMO CIR	33472
CITY-ST-ZIP	BOYNTON BEACH, FL	33437
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CARABBA, FREDERICK	
STREET ADDRESS	8143 DUOMO CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH, FL	33437
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOFFMAN, MICHAEL	
STREET ADDRESS	8067 DUOMO CIR	33472
CITY-ST-ZIP	BOYNTON BEACH, FL	33437
TITLE	T	<input type="checkbox"/> Delete
NAME	TURRET, HY	
STREET ADDRESS	8074 DUOMO CIRCLE	33472
CITY-ST-ZIP	BOYNTON BEACH, FL	33437
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESNIES, ROBERT	
STREET ADDRESS	8094 FLONENZA DR	
CITY-ST-ZIP	BOYNTON BEACH, FL	33472
TITLE	VP2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, JOYCE	
STREET ADDRESS	8167 DUOMO CIR	
CITY-ST-ZIP	BOYNTON BEACH, FL	33472
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA BERMAN	
STREET ADDRESS	8183 FLONENZA DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL	33472
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-08