

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752076

Entity Name: GARDENS OF WOODBERRY HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 17, 2025
Secretary of State
3383599887CC**Current Principal Place of Business:**GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463**Current Mailing Address:**GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463 US**FEI Number: 59-2171323****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SJW LAW GROUP, PLLC
12300 SOUTH SHORE BLVD
SUITE 202
WELLINGTON, FL 33414 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:** SCOTT J. LEE, ESQ.**04/17/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	BOWSKY, ADAM
Address	GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	LASALLE, CHRISTOPHER
Address	GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	POLIANDRO, LEONARD
Address	GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	DITOMMASO, NICKOLAS
Address	GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	DECARIO, RAYMOND
Address	GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	PRESIDENT
Name	MONTEZ, NINA
Address	GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	SECRETARY
Name	RUSSELL, RICHARD
Address	GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	TREASURER
Name	SANCHEZ, CHRISTIAN
Address	GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

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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: NINA MONTEZ**PRESIDENT****04/17/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VP
Name	MCGLON, THOMAS PATRICK
Address	GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip:	LAKE WORTH FL 33463