2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 752076

Entity Name: GARDENS OF WOODBERRY HOMEOWNERS ASSOCIATION,

INC

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. 10/03/2023

Electronic Signature of Registered Agent Date

FILED

Oct 03, 2023

Secretary of State 9241248411CC

Officer/Director Detail:

Title PRESIDENT Title SECRETARY

Name SHEPPARD, SCOTT Name MONTEZ, NINA

Address GRS COMMUNITY MANAGEMENT Address GRS COMMUNITY MANAGEMENT

3900 WOODLAKE BLVD. SUITE 309 3900 WOODLAKE BLVD. SUITE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR Title TREASURER

Name MCGLON, THOMAS PATRICK Name SANCHEZ, CHRISTIAN

Address GRS COMMUNITY MANAGEMENT Address GRS COMMUNITY MANAGMENT

3900 WOODLAKE BLVD. SUITE 309 3900 WOODLAKE BLVD. SUITE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title VP Title DIRECTOR

Name DITOMASSO, NICK Name GRONEK, SANDRA

Address GRS COMMUNITY MANAGEMENT Address GRS COMMUNITY MANAGEMENT

3900 WOODLAKE BLVD. SUITE 309 3900 WOODLAKE BLVD. SUITE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title D Title D

Name MERRITT, CRYSTAL Name PLANZ, JOEY

Address GRS COMMUNITY MANAGEMENT Address GRS COMMUNITY MANAGEMENT

3900 WOOLAKE BLVD SUITE 309 3900 WOOLAKE BLVD SUITE 309

City-State-Zip: LAKE WORTH FL 33463 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: SCOTT SHEPPARD PRESIDENT 10/03/2023

Officer/Director Detail Continued:

TitleDTitleDIRECTORNameCRONEK, SANDRANamePLANZ, JOEY

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3900 WOOLAKE BLVD SUITE 309

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