

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754223

Entity Name: BARWOOD ESTATES HOMEOWNERS ASSOCIATION, INC,**Current Principal Place of Business:**C/O GRANT PROPERTY MANAGEMENT
1599 NW 9TH AVE STE 2
BOCA RATON, FL 33486**Current Mailing Address:**C/O GRANT PROPERTY MANAGEMENT
1599 NW 9TH AVE STE 2
BOCA RATON, FL 33486 US**FEI Number:** 59-2251740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTIN, ROBERT C ESQ.
319 S.E. 14TH STREET
FT. LAUDERDALE, FL 33316 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	SECRETARY
Name	COOK, KIRSTEN
Address	C/O GRANT PROPERTY MANAGEMENT 1599 NW 9TH AVE STE 2
City-State-Zip:	BOCA RATON FL 33486

Title	VP
Name	GOLDSTEIN, MARK
Address	C/O GRANT PROPERTY MANAGEMENT 1599 NW 9TH AVE STE 2
City-State-Zip:	BOCA RATON FL 33486

Title	DIRECTOR
Name	HAAS, STEPHEN
Address	C/O GRANT PROPERTY MANAGEMENT 1599 NW 9TH AVE STE 2
City-State-Zip:	BOCA RATON FL 33486

Title	TREASURER
Name	TUNNO, LOUIS
Address	C/O GRANT PROPERTY MANAGEMENT 1599 NW 9TH AVE STE 2
City-State-Zip:	BOCA RATON FL 33486

Title	PRESIDENT
Name	FUNICELLO, FRANK
Address	C/O GRANT PROPERTY MANAGEMENT 1599 NW 9TH AVE STE 2
City-State-Zip:	BOCA RATON FL 33486

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: FRANK FUNICELLO**PRESIDENT****05/31/2023**

Electronic Signature of Signing Officer/Director Detail

Date