

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005129

Entity Name: SAND CAY AT IBIS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463**Current Mailing Address:**C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463 US**FEI Number:** 65-1114544**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WYANT-CORTEZ & CORTEZ, CHARTERED
840 US HWY 1,
SUITE 345
NORTH PALM BEACH, FL 33408 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:** LARRY CORTEZ

04/10/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KUSHINS, LAWRENCE
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT
Name ZODIKOFF, RICHARD
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name ZENENBERG, HAROLD
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY
Name DEANGELIS, DANIEL
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name SOIFER, NANCY
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name DAVIS , RONALD
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name LINZER, LYNN
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name WEINGARTEN, MICHAEL
Address C/O GRS MANAGEMENT ASSOCIATES
 INC.
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Continues on page 2

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: RICHARD ZODIKOFF**PRESIDENT**

04/10/2022

Officer/Director Detail Continued :

Title DIRECTOR
Name SIMEONE, ANNE
Address C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463