2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005129

Entity Name: SAND CAY AT IBIS HOMEOWNERS ASSOCIATION, INC.

FILED Apr 30, 2024 Secretary of State 1018557022CC

Current Principal Place of Business:

C/O GRS COMMUNITY MANAGEMENT INC 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463

Current Mailing Address:

C/O GRS COMMUNITY MANAGEMENT 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 04/30/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

INC

INC

INC

Title **TREASURER** Title DIRECTOR Name KUSHINS, LAWRENCE Name REED, ELLIOT

Address C/O GRS COMMUNITY MANAGEMENT Address C/O GRS COMMUNITY MANAGEMENT

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

INC

INC

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

Title **PRESIDENT** Title DIRECTOR ZODIKOFF, RICHARD Name KRAVITZ, JESS Name

C/O GRS COMMUNITY MANAGEMENT Address C/O GRS COMMUNITY MANAGEMENT Address INC INC

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

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

Title DIRECTOR Title DIRECTOR

Name ZENENBERG, HAROLD Name DAVIS, RONALD A

C/O GRS COMMUNITY MANAGEMENT Address C/O GRS COMMUNITY MANAGEMENT Address

INC

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 **SECRETARY** Title DIRECTOR

Name DEANGELIS, DANIEL Name SIMEONE. ANNE

Address C/O GRS COMMUNITY MANAGEMENT Address C/O GRS COMMUNITY MANAGEMENT

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

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

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.

04/30/2024 SIGNATURE: RICHARD ZODIKOFF PRESIDENT