

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00681

Entity Name: COUNTRYPARK AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH RD. SUITE B
LAKE WORTH, FL 33467

Current Mailing Address:

C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH RD. SUITE B
LAKE WORTH, FL 33467 US

FEI Number: 59-2373578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YELLIN, JONATHAN ESQ.
C/O BACKER ABOUD POLIAKOFF & FOELSTER, LLP
400 S. DIXIE HIGHWAY SUITE 420
BOCA RATON, FL 33432 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: JONATHAN YELLIN

05/16/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE PRESIDENT

Name DEGUISEPPE, DEBBIE

Address C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH RD. SUITE B

City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY

Name WOROBEY, SCOTT

Address C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH RD. SUITE B

City-State-Zip: LAKE WORTH FL 33467

Title PRESIDENT

Name LAYE, JONATHAN

Address C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH RD. SUITE B

City-State-Zip: LAKE WORTH FL 33467

Title TREASURER

Name PETTEYS, MARY

Address C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH RD. SUITE B

City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR

Name THOMPSON, SHERRI

Address C/O ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
8135 LAKE WORTH RD. SUITE B

City-State-Zip: LAKE WORTH FL 33467

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: JONATHAN LAYE

PRESIDENT

05/16/2022

