

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03554

Entity Name: VILLA FLORA AT BOCA POINTE HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 27, 2025
Secretary of State
5643549570CC**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: 59-2739558****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BACKER, KEITH
POLIAKOFF BACKER
400 S DIXIE HWY 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: KEITH BACKER****03/27/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, ASST. SECRETARY
Name RAYMOND, STEVEN
Address GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name WASSERMAN, AMANDA
Address GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY
Name ANGERAME, TONI ANN
Address GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT
Name LOCAY, MEGAN
Address GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title TREASURER
Name SANTOS, CESAR
Address GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name LOFFE, EDWARD
Address GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name LUTH, JESSICA
Address GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

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: MEGAN LOCAY**PRESIDENT****03/27/2025**

Electronic Signature of Signing Officer/Director Detail

Date