2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002327

Entity Name: COURTYARDS OF LAKE WORTH AT COLLEGE PARK

HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O INFINITY COMMUNITY MGMT 5350 10TH AVENUE NORTH SUITE 1 GREENACRES, FL 33463

Current Mailing Address:

C/O INFINITY COMMUNITY MGMT 5350 10TH AVENUE NORTH SUITE 1 GREENACRES, FL 33463 US

FEI Number: 20-1683764 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILBERG KLEIN, P.L. 5550 GLADES ROAD, SUITE 630 BOCA RATON, FL 33431 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:

Officer/Director Detail:

Title **PRESIDENT** VΡ Title

Electronic Signature of Registered Agent

COBB, W DEVIN Name Name VERTEFEUILLE, MARK

C/O INFINITY COMMUNITY MGMT Address Address C/O INFINITY COMMUNITY MGMT 5350 10TH AVENUE NORTH SUITE 1

5350 10TH AVENUE NORTH SUITE 1

City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title TREASURER Title SECRETARY

Name BOMMA, MARION Name MOULDER, RANDY

Address C/O INFINITY COMMUNITY MGMT Address C/O INFINITY COMMUNITY MGMT

5350 10TH AVENUE NORTH SUITE 1 5350 10TH AVENUE NORTH SUITE 1

GREENACRES FL 33463 GREENACRES FL 33463 City-State-Zip: City-State-Zip:

Title ASST. TREASURER Name SULLIVAN, CHRISTINA

Address C/O INFINITY COMMUNITY MGMT

5350 10TH AVENUE NORTH SUITE 1

City-State-Zip: GREENACRES 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.

04/27/2022 SIGNATURE: DEVIN W. COBB **PRESIDENT**

Date

FILED Apr 27, 2022

Secretary of State

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