

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010433

Entity Name: BREEZES AT PALM AIRE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**BREEZES AT PALM-AIRE COA
2801 N COURSE DRIVE
POMPANO BEACH, FL 33069**Current Mailing Address:**BREEZES AT PALM-AIRE COA
2801 N COURSE DRIVE
POMPANO BEACH, FL 33069 US**FEI Number:** 20-4186633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALOYRA LAW
201 ALHAMBRA CIRCLE
SUITE 501
CORAL GABLES, FL 33134 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:** JORGE GARCIA

04/27/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SHECHTMAN, JONATHAN
Address	C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	SULLIVAN, CHRIS
Address	C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	VP, TREASURER, SECRETARY
Name	KENNEDY, BRIAN
Address	C/O GRS COMMUNITY MANAGEMENT 3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	SPELLMAN, CASEY
Address	C/O 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: CASEY SPELLMAN**DIRECTOR**

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date