

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011910

Entity Name: GREYSTONE AT BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.**FILED**
May 04, 2020
Secretary of State
5461929069CC**Current Principal Place of Business:**3900 WOODLAKE BLVD
STE 309
LAKE WORTH, FL 33463**Current Mailing Address:**3900 WOODLAKE BLVD
STE 309
LAKE WORTH, FL 33463 US**FEI Number: 20-8167840****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE PA
2149 NORTH COMMERCE PKWAY
WESTON, FL 33326 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	SILVA, EMMANUEL
Address	3900 WOODLAKE BLVD STE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	GARCIA, WEAVY
Address	3900 WOODLAKE BLVD. #309
City-State-Zip:	LAKE WORTH FL 33463

Title	SECRETARY
Name	PORTER, GARRY
Address	3900 WOODLAKE BLVD STE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	KNAPP, ANDREW
Address	3900 WOODLAKE BLVD STE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	TRESASURER
Name	FIRESTER, SCOTT
Address	3900 WOODLAKE BLVD. #309
City-State-Zip:	LAKE WORTH FL 33463

Title	VP
Name	MOSES, DAVID
Address	3900 WOODLAKE BLVD STE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	KIEFFER, STEPHANIE
Address	3900 WOODLAKE BLVD STE 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: EMMANUEL SILVA**PRESIDENT****05/04/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date