

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31182

**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC2108436325**

**Entity Name:** CORAL BAY AT BOCA CHASE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

UNITED COMMUNITY MANAGEMENT CORP  
11784 WEST SAMPLE ROAD 103  
CORAL SPRINGS, , FL 33065

**Current Mailing Address:**

UNITED COMMUNITY MANAGEMENT CORP  
11784 WEST SAMPLE ROAD 103  
CORAL SPRINGS, , FL 33065 US

**FEI Number: 65-0318739**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNITED COMMUNITY MANAGEMENT CORP  
UNITED COMMUNITY MANAGEMENT CORP  
11784 WEST SAMPLE ROAD 103  
CORAL SPRINGS, , FL 33065 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: RENEE CAMPBELL**

**04/24/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LYNCH, MARIA  
Address UNITED COMMUNITY MANAGEMENT CORP  
11784 WEST SAMPLE ROAD 103  
City-State-Zip: CORAL SPRINGS, FL 33065

Title S  
Name ERRO, JENNIFER  
Address UNITED COMMUNITY MANAGEMENT CORP  
11784 WEST SAMPLE ROAD 103  
City-State-Zip: CORAL SPRINGS, FL 33065

Title D  
Name MAIMONI, BARBARA  
Address UNITED COMMUNITY MANAGEMENT CORP  
11784 WEST SAMPLE ROAD 103  
City-State-Zip: CORAL SPRINGS, FL 33065

Title T  
Name O'BRIEN, STEPHANIE  
Address UNITED COMMUNITY MANAGEMENT CORP  
11784 WEST SAMPLE ROAD 103  
City-State-Zip: CORAL SPRINGS, FL 33065

Title VP  
Name GAZZARA, CAROL  
Address UNITED COMMUNITY MANAGEMENT CORP  
11784 WEST SAMPLE ROAD 103  
City-State-Zip: CORAL SPRINGS, FL 33065

*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: MARIA LYNCH**

**PRESIDENT**

**04/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date