

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38184

Entity Name: OAKS EAST HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463

Current Mailing Address:

C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463 US

FEI Number: 65-0194768**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

FIELDS AND BACHOVE, PLLC
4400 PGA BLVD.
SUITE 308
PB GARDENS, FL 33410 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: MOONEY, KAREN

03/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
Name RUGGIERO, ANTHONY
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title MEMBER AT LARGE
Name JORDAN, SUSANNE
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title MEMBER AT LARGE
Name KING, MARK
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD 309
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY
Name WILLIAMS, EVAN
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title MEMBER AT LARGE
Name CONTI, DANIEL
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title TREASURER
Name BARNA, KENNETH
Address C/O GRS COMMUNITY MANAGEMENT
 3900 WOODLAKE BLVD 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: DELLE BOVI, MARK

PRESIDENT

03/18/2024

Electronic Signature of Signing Officer/Director Detail

Date