## 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT**

DOCUMENT# 717624

Entity Name: STRATHMORE RIVERSIDE VILLAS ASSOCIATION, INC.

## **Current Principal Place of Business:**

C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A SARASOTA, FL 34231

## **Current Mailing Address:**

C/O REALMANAGE PO BOX 803555 DALLAS, TX 75380 US

## FEI Number: 59-1518157

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

**BECKER & POLIAKOFF PA 1819 MAIN STREET** SUITE 905 SARASOTA, FL 34236 US

Certificate of Status Desired: No

The above hamed	entity submits this statement for the purpose of changing it	s registered onice of regis	lered agent, or boun, in the State of Florida.
SIGNATURE	BECKER & POLIAKOFF	08/03/2023	
	Electronic Signature of Registered Agent		Date
Officer/Direc	tor Detail :		
Title	PRESIDENT	Title	VP
Name	MARTUCCI, ROBERT	Name	HOOKS, DANIEL
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A	Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34231
Title	SECRETARY	Title	DIRECTOR
Name	BURNS, JEAN	Name	HOCH, MARY
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A	Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34231
Title	DIRECTOR	Title	DIRECTOR
Name	GUERRERO, FRANK	Name	CALIA, JOHN
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A	Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34231
Title	DIRECTOR	Title	DIRECTOR
Name	SHEPHERD, CARL	Name	SENNINGER, JEAN
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A	Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34231

### **Continues on page 2**

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: ROBERT MARTUCCI

PRESIDENT

08/03/2023 Date

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail Continued :** 

Title	DIRECTOR	Title	ASST. SECRETARY, TREASURER
Name	LAWSON, ROY	Name	CONINE, KAREN
Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE 118-A	Address	C/O REALMANAGE 2477 STICKNEY POINT ROAD SUITE
City-State-Zip:	SARASOTA FL 34231		118-A
		City-State-Zip:	SARASOTA FL 34231