

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727009

Entity Name: RIZON WEST ASSOCIATION, INC.**Current Principal Place of Business:**3581 SOUTH OCEAN BLVD.
SOUTH PALM BEACH, FL 33480**Current Mailing Address:**3581 SOUTH OCEAN BLVD.
SOUTH PALM BEACH, FL 33480 US**FEI Number:** 59-1592205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAVARESE, JOSEPH
3581 S. OCEAN BLVD.
SOUTH PALM BEACH, FL 33480 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	DIRECTOR
Name	WISE, RODGER
Address	3581 S. OCEAN BLVD.
City-State-Zip:	S. PALM BEACH FL

Title	VP, DIRECTOR
Name	MOLLOY, ANN D
Address	3581 S. OCEAN BLVD.
City-State-Zip:	PALM BEACH FL 33480

Title	DP
Name	SAVARESE, JOSEPH
Address	3581 S. OCEAN BLVD
City-State-Zip:	S. PALM BEACH FL

Title	DS
Name	CORSEL, VICTORIA
Address	3581 S. OCEAN BLVD.
City-State-Zip:	S. PALM BEACH FL

Title	D
Name	BERNSTEIN, RICHARD
Address	3581 SOUTH OCEAN BLVD.
City-State-Zip:	SOUTH PALM BEACH FL 33480

Title	T
Name	BRAMANTE, NANCY
Address	3581 SOUTH OCEAN BLVD.
City-State-Zip:	SOUTH PALM BEACH FL 33480

Title	DIRECTOR
Name	RUSSO, CARMINE
Address	3581 SOUTH OCEAN BLVD.
City-State-Zip:	SOUTH PALM BEACH FL 33480

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: JOSEPH SAVARESE

DP

04/23/2018

Electronic Signature of Signing Officer/Director Detail_____
Date