

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

DOCUMENT# 743199

**Entity Name:** RIVERS EDGE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

373 AMBERJACK PLACE  
MELBOURNE BEACH, FL 32951

**Current Mailing Address:**

P O BOX 510462  
MELBOURNE BEACH, FL 32951

**FEI Number:** 59-2381003

**Certificate of Status Desired:** No

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

RIVERS EDGE HOMEOWNERS ASSOCIATION  
363 MARLIN PLACE  
MELBOURNE BEACH, FL 32951 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:** CHARLES D. WESTERFIELD

04/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name WESTERFIELD, CHARLES  
Address 283 MARLIN PLACE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name MILLS, THOMAS  
Address 290 POMPANO DR  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name HIRTER, SARA  
Address 353 AMBERJACK PLACE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title PRESIDENT  
Name FAY, ROBERT  
Address 373 AMBERJACK PLACE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title VP  
Name DOTY, JAMES  
Address 303 POMPANO DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title TREASURER  
Name WINKLER, SUSAN  
Address 363 MARLIN PLACE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR  
Name WITT, CINDY  
Address 320 AMBERJACK PLACE  
City-State-Zip: MELBOURNE BEACH FL 32951

*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:** SUSAN WINKLER

**TREASURER**

04/02/2023

Electronic Signature of Signing Officer/Director Detail

Date