

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743761

Entity Name: POINTE CAPRI ADULT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**212 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572**Current Mailing Address:**235 APOLLO BEACH
#417
APOLLO BEACH, FL 33572 US**FEI Number:** 59-1840145**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMMUNITIES FIRST ASSOCIATION MANAGEMENT, LLC
212 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572 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:** CHRISTINE M TRIMMER

04/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	MOMCHILOV, TYLER
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	TREASURER
Name	BROWN, SUE
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	VP
Name	LETARD, NANCY
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	PRESIDENT
Name	GREENSPON, ROBERTA
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	SECRETARY
Name	ANDERSON, RACHEL
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

Title	LICENSED COMMUNITY ASSOCIATION MANAGER
Name	TRIMMER, CHRISTINE M
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 235 APOLLO BEACH BLVD #417
City-State-Zip:	APOLLO BEACH FL 33572

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: CHRISTINE TRIMMERLICENSED COMMUNITY
ASSOCIATION MANAGER

04/17/2024

Electronic Signature of Signing Officer/Director Detail

Date