

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

DOCUMENT# N01000000435

**Entity Name:** LE RIVAGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AAPM, LLC  
1730 S. FEDERAL HWY #327  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

C/O AAPM, LLC  
1730 S. FEDERAL HWY #327  
DELRAY BEACH, FL 33483 US

**FEI Number: 65-1086101**

**Certificate of Status Desired: No**

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

SACHS, SAX, CAPLAN  
6111 BROKEN SOUND PKWY NW  
SUITE 200  
BOCA RATON, FL 33487 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: STEVE RAPPAPORT**

**04/14/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GILL, JACQUELINE  
Address        C/O AAPM, LLC  
                  1730 S. FEDERAL HWY #327  
City-State-Zip: DELRAY BEACH FL 33483

Title            VP, TREASURER  
Name            RALPH DE LA VEGA  
Address        C/O AAPM, LLC  
                  1730 S. FEDERAL HWY #327  
City-State-Zip: DELRAY BEACH FL 33483

Title            SECRETARY  
Name            COHEN, CALVIN  
Address        C/O AAPM, LLC  
                  1730 S. FEDERAL HWY #327  
City-State-Zip: DELRAY BEACH FL 33483

*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: JACQUELINE GILL**

**PRESIDENT**

**04/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date