

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000005911

Entity Name: VERSAILLES I PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

5940 FROND WAY
APOLLO BEACH, FL 33572

Current Mailing Address:

235 APOLLO BEACH BLVD
#417
APOLLO BEACH, FL 33572 US

FEI Number: 72-1534392

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
5940 FROND WAY
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 TRIMMER

06/09/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

Title DIRECTOR
Name MEDLIN, BARBARA
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
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 TRIMMER

LICENSED COMMUNITY 06/09/2020
ASSOCIATION MANAGER

