

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N03000003744

**Entity Name:** ROYAL GRIFFIN ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Oct 19, 2021**  
**Secretary of State**  
**4242852582CC**

**Current Principal Place of Business:**

WEST BROWARD COMMUNITY MANAGEMENT, INC  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

WEST BROWARD COMMUNITY MANAGEMENT, INC  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**FEI Number:** 20-0544276

**Certificate of Status Desired:** No

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

EISINGER, BROWN, LEWIS & FRANKEL, P.A.  
ATTN: DENNIS J. EISINGER, ESQ.  
4000 HOLLYWOOD BLVD., STE. 265-S  
HOLLYWOOD, FL 33021 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 D  
Name COTTER, DAVID  
Address WEST BROWARD COMMUNITY  
MANAGEMENT, INC  
820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title P  
Name MATTER, JASON  
Address WEST BROWARD COMMUNITY  
MANAGEMENT, INC  
820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title T  
Name COUVILLION, MARK  
Address WEST BROWARD COMMUNITY  
MANAGEMENT, INC  
820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

*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:** JASON MATTER

**PRESIDENT**

**10/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date