

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001317

**Entity Name:** RIVERBEND PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3900 WOODLAKE BLVD  
SUITE 309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

3900 WOODLAKE BLVD  
SUITE 309  
LAKE WORTH, FL 33463 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

ROSS EARLE BONAN & ENSOR, P.A.  
789 SW FEDERAL HIGHWAY  
#101  
STUART, FL 34994 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: BRIAN CLARK, PRESIDENT**

**03/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD, DIRECTOR  
Name CLARK, BRIAN  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY, DIRECTOR  
Name ROBERT , HIGGINS  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title TREASURER, DIRECTOR  
Name MCCREARY, JIM  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name TOWFIGHI, AFSHAWN  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name CHAPMAN, JOHN  
Address 3900 WOODLAKE BLVD  
SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

*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: BRIAN CLARK**

**PRESIDENT**

**03/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date