

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14352

**Entity Name:** HARBOUR POINTE AT RIVER BRIDGE CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Apr 08, 2022**  
**Secretary of State**  
**2348370641CC****Current Principal Place of Business:**ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.  
8135 LAKE WORTH ROAD SUITE B  
LAKE WORTH, FL 33467**Current Mailing Address:**ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.  
8135 LAKE WORTH ROAD SUITE B  
LAKE WORTH, FL 33467 US**FEI Number: 59-2678462****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.  
8135 LAKE WORTH ROAD  
SUITE B  
LAKE WORTH, FL 33467 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 MCENTEE****04/08/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	PERSICHILLI, PATRICE
Address	201 HARBOUR POINTE WAY
City-State-Zip:	GREENACRES FL 33413

Title	VP, TREASURER
Name	ROBERTS, PATRICIA
Address	806 HARBOUR POINTE WAY
City-State-Zip:	GREENACRES FL 33413

Title	SECRETARY
Name	HEWITT, JANE
Address	606 HARBOUR POINTE WAY
City-State-Zip:	GREENACRES FL 33413

Title	DIRECTOR
Name	PICHETTE, MICHAEL
Address	209 HARBOUR POINTE WAY
City-State-Zip:	GREENACRES FL 33413

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: PATRICE PERSICHILLI****PRESIDENT****04/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date