

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

DOCUMENT# N21005

Entity Name: RIVERBREEZE ESTATES PARK UNIT, INC.

Current Principal Place of Business:

212 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572

Current Mailing Address:

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

FEI Number: 59-2873296

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITIES FIRST ASSOCIATION MANAGEMENT, LLC
212 APOLLO BEACH BLVD
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 M TRIMMER

08/14/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title PRESIDENT
Name LANGE, CONNIE
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 M TRIMMER

LICENSED COMMUNITY 08/14/2021
ASSOCIATION MANAGER

