

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28123

Entity Name: RIVER BRANCH ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 29, 2024
Secretary of State
5708141354CC

Current Principal Place of Business:

5144 TURTLE CREEK PLACE
FORT PIERCE, FL 34981

Current Mailing Address:

5144 TURTLE CREEK PLACE
FORT PIERCE, FL 34981 US

FEI Number: 65-0160871

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIXON, WENDELL W
5144 TURTLE CREEK PLACE
FORT PIERCE, FL 34981 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: WENDELL W MIXON

01/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MIXON, WENDELL W
Address 5144 TURTLE CREEK PLACE
City-State-Zip: FT. PIERCE FL 34981

Title VP
Name SAWICKI, JAMIE
Address 5144 CHERRY PALM WAY
City-State-Zip: FT. PIERCE FL 34981

Title SECRETARY
Name MORGANTI, DEB
Address 2303 RIVER BRANCH DRIVE
City-State-Zip: FT. PIERCE FL 34981

Title TREASURER
Name HOLLETT, CYNTHIA
Address 5145 WATER LILY WAY
City-State-Zip: FT. PIERCE FL 34981

Title MEMBER AT LARGE
Name HARRIS, BRAD
Address 5148 TURTLE CREEK PLACE
City-State-Zip: FT. PIERCE FL 34981

Title ASST. TREASURER, ASST.
 SECRETARY
Name TREWYN, TIMOTHY
Address 2208 RIVER BRANCH DRIVE
City-State-Zip: FT. PIERCE FL 34981

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: WENDELL W MIXON

REGISTERED AGENT

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date