

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

DOCUMENT# N92000000840

**FILED**  
**Jan 25, 2021**  
**Secretary of State**  
**6453724950CC**

**Entity Name:** THE SANCTUARY AT RIVER BRIDGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PROPERTY MANAGEMENT RESOURCES, INC.  
4000 S. 57TH AVENUE 101  
LAKE WORTH, FL 33463

**Current Mailing Address:**

C/O PROPERTY MANAGEMENT RESOURCES, INC.  
4000 S. 57TH AVENUE 101  
LAKE WORTH, FL 33463 US

**FEI Number: 65-0451660**

**Certificate of Status Desired: No**

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

PROPERTY MANAGEMENT RESOURCES, INC.  
C/O PROPERTY MANAGEMENT RESOURCES, INC.  
4000 S. 57TH AVENUE 101  
LAKE WORTH, FL 33463 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: HOWARD L. SLIFKIN**

**01/25/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name SLIFKIN , HOWARD  
Address C/O PROPERTY MANAGEMENT RESOURCES, INC.  
4000 S. 57TH AVENUE 101  
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT  
Name DE LA GUERRA, RAMIRO  
Address 4000 S. 57TH AVENUE SUITE 101  
City-State-Zip: LAKE WORTH FL 33463

Title VP  
Name SHARON, ALON  
Address 4000 S 57TH AVENUE SUITE 101  
City-State-Zip: LAKE WORTH FL 33463

Title TREASURER  
Name HOUCK, ROSEANE  
Address 4000 S 57TH AVENUE SUITE 101  
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: RAMIRO DE LA GUERRA**

**PRESIDENT**

**01/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date