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.

SECRETARY

SIGNATURE: HOWARD SLIFKIN

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9200000840

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

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

SIGNATURE: HOWARD L. SLIFKIN

Electronic Signature of Registered Agent

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.

Officer/Director Detail :

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



Certificate of Status Desired: No

Date

01/24/2017 Date