

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

DOCUMENT# N95000000248

**Entity Name:** SOUTHPOINTE HOMEOWNER'S ASSOCIATION AT RIVER  
BRIDGE, INC.**FILED**  
**Mar 17, 2021**  
**Secretary of State**  
**0379038162CC****Current Principal Place of Business:**100 RIVERBRIDGE BLVD  
WEST PALM BEACH, FL 33413**Current Mailing Address:**CMC MANAGEMENT  
2950 JOG ROAD  
GREENACRES, FL 33467**FEI Number: 65-0610171****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GELFAND, MICHAEL  
1555 PALM BEACH LAKES BLVD  
SUITE 1220  
WEST PALM BEACH, FL 33401 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: MICHAEL GELFAND****03/17/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	SHELBY, STEVE
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

Title	SECRETARY
Name	SCHNALL, STANDEE
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

Title	TREASURER
Name	AYRAS, KEN
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

Title	VP
Name	RAND, MARILYN
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

Title	DIRECTOR
Name	RENDON, JOE
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

Title	DIRECTOR
Name	KELLY, MARY
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

*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: SHELBY STEVE****PRESIDENT****03/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date