

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000248

Entity Name: SOUTHPOINTE HOMEOWNER'S ASSOCIATION AT RIVER
BRIDGE, INC.**FILED**
Apr 28, 2020
Secretary of State
2174910989CC**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****04/28/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	REICH, HOWARD
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

Title	S, SECRETARY
Name	POHLE, KENNETH
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

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

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

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

Title	DIRECTOR
Name	ZAHN, LOIS
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: HOWARD REICH**PRESIDENT****04/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date