

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008341

**FILED**  
**Apr 05, 2023**  
**Secretary of State**  
**8491353154CC**

**Entity Name:** SIDES MORENO POINT WEST OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

COMMUNITY MANAGEMENT ASSOCIATES INC.  
36468 EMERALD COAST PKWY 2101  
DESTIN, FL 32541

**Current Mailing Address:**

COMMUNITY MANAGEMENT ASSOCIATES INC.  
1465 NORTHSIDE DR. N.W. 128  
ATLANTA, GA 30318 US

**FEI Number:** 80-0119967

**Certificate of Status Desired:** Yes

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

COMMUNITY MANAGEMENT ASSOCIATES INC.  
COMMUNITY MANAGEMENT ASSOCIATES INC.  
36468 EMERALD COAST PKWY 2101  
DESTIN, FL 32541 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:** JAMES H. DEVLIN

04/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name HANSON, ERIC  
Address COMMUNITY MANAGEMENT ASSOCIATES INC.  
1465 NORTHSIDE DR. N.W. 128  
City-State-Zip: ATLANTA GA 30318

Title VP  
Name BOSARGE, BRANDON  
Address COMMUNITY MANAGEMENT ASSOCIATES INC.  
1465 NORTHSIDE DR. N.W. 128  
City-State-Zip: ATLANTA GA 30318

Title DIRECTOR  
Name LUTTRELL, ROBERT  
Address COMMUNITY MANAGEMENT ASSOCIATES INC.  
1465 NORTHSIDE DR. N.W. 128  
City-State-Zip: ATLANTA GA 30318

Title TREASURER  
Name BAKER, TIM  
Address COMMUNITY MANAGEMENT ASSOCIATES INC.  
1465 NORTHSIDE DR. N.W. 128  
City-State-Zip: ATLANTA GA 30318

Title PRESIDENT  
Name CAMPBELL, BRAD  
Address COMMUNITY MANAGEMENT ASSOCIATES INC.  
1465 NORTHSIDE DR. N.W. 128  
City-State-Zip: ATLANTA GA 30318

Title AGENT  
Name DEVLIN, JAMES H.  
Address COMMUNITY MANAGEMENT ASSOCIATES INC.  
1465 NORTHSIDE DR. N.W. 128  
City-State-Zip: ATLANTA GA 30318

*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:** JAMES H. DEVLIN

AGENT

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date