

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000009847

**Entity Name:** DOUBLE BRANCH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

FIRSTSERVICE RESIDENTIAL  
6620 SOUTHPOINT DR. S SUITE 610  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

FIRSTSERVICE RESIDENTIAL  
6620 SOUTHPOINT DR. S SUITE 610  
JACKSONVILLE, FL 32216 US

**FEI Number:** 88-3890750

**Certificate of Status Desired:** No

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

RONSMAN, MCCABE  
110 SOLANA RD  
STE 102  
PONTE VEDRA BEACH, FL 32082 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:** RONSMAN, MCCABE

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            PARE, NICOLE  
Address        FIRSTSERVICE RESIDENTIAL  
                  6620 SOUTHPOINT DR. S SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title            DIRECTOR, SECRETARY  
Name            WILLIAMS, DAVID  
Address        FIRSTSERVICE RESIDENTIAL  
                  6620 SOUTHPOINT DR. S SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title            VP, DIRECTOR  
Name            CROSBY, DAVID  
Address        FIRSTSERVICE RESIDENTIAL  
                  6620 SOUTHPOINT DR. S SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

*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:** NICOLE PARE

PRESIDENT

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date