

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003207

Entity Name: DEER RIDGE AT RIVER RIDGE PHASE I HOMEOWNERS ASSOCIATION, INC.**FILED**
Jan 18, 2023
Secretary of State
7748312558CC**Current Principal Place of Business:**5510 RIVER RD
SUITE 104
NEW PORT RICHEY, FL 34652**Current Mailing Address:**C/O CREATIVE MANAGEMENT
5510 RIVER RD SUITE 104
NEW PORT RICHEY, FL 34652 US**FEI Number: 59-3386703****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KELLEY, HELEN
C/O CREATIVE MANAGEMENT
5510 RIVER RD SUITE 104
NEW PORT RICHEY, FL 34652 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title VP
Name MITRANI, JOSEPH
Address 5510 RIVER RD
SUITE 104
City-State-Zip: NEW PORT RICHEY FL 34652Title PRESIDENT
Name GOLNIK, ALVIN
Address 5510 RIVER RD
SUITE 104
City-State-Zip: NEW PORT RICHEY FL 34652Title TREASURER
Name STONE, MICHAEL D
Address 5510 RIVER RD
SUITE 104
City-State-Zip: NEW PORT RICHEY FL 34652Title SECRETARY
Name MCDOWELL, JERI
Address 5510 RIVER RD
SUITE 104
City-State-Zip: NEW PORT RICHEY FL 34652Title DIRECTOR
Name BOLTZ, ERIC
Address 5510 RIVER RD
SUITE 104
City-State-Zip: NEW PORT RICHEY FL 34652

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: STONE , MICHAEL D**TREASURER****01/18/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date