

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003207

Entity Name: DEER RIDGE AT RIVER RIDGE PHASE I HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 29, 2020
Secretary of State
8084156390CC**Current Principal Place of Business:**6014 US HWY 19
SUITE 100
NEW PORT RICHEY, FL 34652**Current Mailing Address:**6014 US HWY 19
SUITE 100
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
6014 US HIGHWAY 19 N, SUITE 100
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	PRESIDENT
Name	MITRANI, JOSEPH
Address	6014 US HWY 19 N, SUITE 100
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	GOLNIK, ALVIN
Address	6014 US HWY 19 N, SUITE 100
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	REED, KELLY
Address	6014 US HWY 19 N, SUITE 100
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	MCDOWELL, JERI
Address	6014 US HWY 19 N, SUITE 100
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	BOLTZ, ERIC
Address	6014 US HWY 19 N SUITE 100
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: JERI MCDOWELL**SECRETARY****04/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date