

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 15, 2024

**Secretary of State
2513450292CC**

DOCUMENT# N95000001508

Entity Name: ROYAL DOULTON ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

212 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572

Current Mailing Address:

235 APOLLO BEACH BLVD
#417
APOLLO BEACH, FL 33572 US

FEI Number: 59-3367137

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITIES FIRST ASSOCIATION MANAGEMENT, LLC
212 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572 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: CHRISTINE TRIMMER

02/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name NICKS, ANDREW
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title TREASURER
Name SPRINGER, LEE
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title SECRETARY
Name BIRKETT, DAVID
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title PRESIDENT
Name BASSETT, JANICE
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title LICENSED COMMUNITY ASSOCIATION MANAGER
Name TRIMMER, CHRISTINE
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title DIRECTOR
Name FOLEY, DIANE
Address 235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

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: CHRISTINE TRIMMER

MANAGING AGENT

02/15/2024

Electronic Signature of Signing Officer/Director Detail

Date