

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001508

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

**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**6018774075CC**

**Current Principal Place of Business:**

212 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT  
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  
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**

**04/30/2022**

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 HEDLER, JOHN  
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT  
235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

Title DIRECTOR  
Name SCHWAB CONNER, BARBARA  
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 SECRETARY  
Name ZIEG, ROGER  
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT  
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 M TRIMMER**

**LICENSED COMMUNITY ASSOCIATION MANAGER**

**04/30/2022**

Electronic Signature of Signing Officer/Director Detail

Date