

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90099 005 ****61.25

50033896



DOCUMENT # 717900
 1. Entity Name
RIVER REACH, INCORPORATED



Principal Place of Business
949 RIVER REACH DR.
FORT LAUDERDALE, FL 33315 US

Mailing Address
949 RIVER REACH DR.
FORT LAUDERDALE, FL 33315 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03292005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1321098

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHENDELL, TAMAR D
3650 N FEDERAL HIGHWAY, STE. 202
LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, CARL 1201 RIVER REACH DR #304 FT. LAUDERDALE, FL 33315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARUSO, RALPH 1301 RIVER REACH DRIVE #417 FT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWEENEY, EUGENE 900 RIVER REACH DRIVE #423 FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRYOR, JOHN 1350 RIVER REACH DRIVE #505 FORT LAUDERDALE, FL 33315 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, JOHN 1301 RIVER REACH DRIVE #409 FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, JOSHUA 900 RIVER REACH DRIVE #416 FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANGE, ROBERT 1201 RIVER REACH DRIVE #504 FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH CARUSO *Ralph Caruso* VP 4/1/05 (954) 522-2286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

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SECOND PAGE

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RIVER REACH, INCORPORATED

OFFICERS AND DIRECTORS		ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET AND ADDRESS CITY-ST-ZIP		TITLE NAME STREET AND ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION PATTERSON, AARON 1000 RIVER REACH DRIVE # 216 FORT LAUDERDALE, FL 33315
TITLE NAME STREET AND ADDRESS CITY-ST-ZIP		TITLE NAME STREET AND ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION SPENGLER, ARTHUR 1201 RIVER REACH DRIVE # 410 FORT LAUDERDALE, FL 33315
TITLE NAME STREET AND ADDRESS CITY-ST-ZIP		TITLE NAME STREET AND ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION PIRTLE, GARY 1101 RIVER REACH DRIVE # 115 FORT LAUDERDALE, FL 33315
TITLE NAME STREET AND ADDRESS CITY-ST-ZIP		TITLE NAME STREET AND ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION ALSHOUSE, DAVID 1101 RIVER REACH DRIVE # 306 FORT LAUDERDALE, FL 33315
TITLE NAME STREET AND ADDRESS CITY-ST-ZIP		TITLE NAME STREET AND ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION SAWANI, ED 1201 RIVER REACH DRIVE # 305 FORT LAUDERDALE, FL 33315
TITLE NAME STREET AND ADDRESS CITY-ST-ZIP		TITLE NAME STREET AND ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION PRYOR, JOHN 1350 RIVER REACH DRIVE # 505 FORT LAUDERDALE, FL 33315
TITLE NAME STREET AND ADDRESS CITY-ST-ZIP		TITLE NAME STREET AND ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION SCHAPER, ROBERT 1350 RIVER REACH DRIVE # 501 FORT ALUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE: RALPH CARUSO 4/1/05 (954) 522-2286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #