


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90241 036 \*\*\*\*61.25

**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

40033100



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03162006 Chg-NP CR2E037 (11/05)

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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 checked="" 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 LANGE, ROBERT 1201 RIVER BEACH DRIVE #504 FORT LAUDERDALE, FL 33315 <input 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	D LELLO, JOSEPH 1301 RIVER REACH DRIVE # 505 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
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 exemptions contained in Chapter 119, 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: \_\_\_\_\_ Date: March 16, 2006 Daytime Phone #: (954) 817-1924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

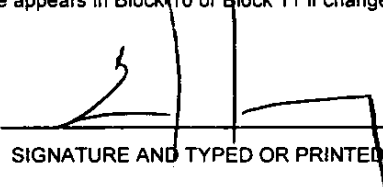
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<b>2006 - NOT-FOR-PROFIT CORPORATION ANNUAL REPORT</b>
DOCUMENT # 717900 RIVER REACH, INCORPORATED

SECOND PAGE

OFFICERS AND DIRECTORS		ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME	D <input type="checkbox"/> Delete PATTERSON, AARON 1000 RIVER REACH DRIVE # 216 FORT LAUDERDALE, FL 33315	TITLE NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
STREET AND ADDRESS CITY-ST-ZIP		STREET AND ADDRESS CITY-ST-ZIP	
TITLE NAME	D <input type="checkbox"/> Delete PIRTLE, GARY 1101 RIVER REACH DRIVE # 115 FORT LAUDERDALE, FL 33315	TITLE NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
STREET AND ADDRESS CITY-ST-ZIP		STREET AND ADDRESS CITY-ST-ZIP	
TITLE NAME	D <input type="checkbox"/> Delete ALSHOUSE, DAVID 1101 RIVER REACH DRIVE # 306 FORT LAUDERDALE, FL 33315	TITLE NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
STREET AND ADDRESS CITY-ST-ZIP		STREET AND ADDRESS CITY-ST-ZIP	
TITLE NAME	D <input checked="" type="checkbox"/> Delete SAWANI, ED 1201 RIVER REACH DRIVE # 305 FORT LAUDERDALE, FL 33315	TITLE NAME	VP <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
STREET AND ADDRESS CITY-ST-ZIP		STREET AND ADDRESS CITY-ST-ZIP	SPENGLER, ARTHUR 1201 RIVER REACH DRIVE # 410 FORT LAUDERDALE, FL 33315
TITLE NAME	D <input checked="" type="checkbox"/> Delete PRYOR, JOHN 1350 RIVER REACH DRIVE # 505 FORT LAUDERDALE, FL 33315	TITLE NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
STREET AND ADDRESS CITY-ST-ZIP		STREET AND ADDRESS CITY-ST-ZIP	
TITLE NAME	D <input checked="" type="checkbox"/> Delete SPENGLER, ARTHUR 1201 RIVER REACH DRIVE # 410 FORT LAUDERDALE, FL 33315	TITLE NAME	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
STREET AND ADDRESS CITY-ST-ZIP		STREET AND ADDRESS CITY-ST-ZIP	LUEDERS, MARION 1000 RIVER REACH DRIVE # 509 FORT LAUDERDALE, FL 33315
TITLE NAME	D <input type="checkbox"/> Delete SCHAPER, ROBERT 1350 RIVER REACH DRIVE # 501 FORT LAUDERDALE, FL 33315	TITLE NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
STREET AND ADDRESS CITY-ST-ZIP		STREET AND ADDRESS CITY-ST-ZIP	

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:  \_\_\_\_\_

March 16/06 (954) 817-1924

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