


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90042 034 ****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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

40050291



02252008 Chg-NP CR2E037 (12/06)

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, 2008

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	P	<input type="checkbox"/> Delete
NAME	MILLER, CARL	
STREET ADDRESS	1201 RIVER REACH DR #304	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GREENBERG, JOSHUA	
STREET ADDRESS	900 RIVER REACH DR #416	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWEENEY, EUGENE	
STREET ADDRESS	900 RIVER REACH DRIVE #423	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANGE, ROBERT	
STREET ADDRESS	1201 RIVER BEACH DRIVE #504	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENIHAN, PATRICK	
STREET ADDRESS	1301 RIVER REACH DR #402	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, KATHLEEN	
STREET ADDRESS	1301 RIVER REACH DR #411	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lenihan, Patrick	
STREET ADDRESS	1301 River Reach Dr. #402	
CITY-ST-ZIP	Fort Lauderdale, FL 33315	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Carl	
STREET ADDRESS	1201 River Reach Dr. #304	
CITY-ST-ZIP	Fort Lauderdale, FL 33315	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duncan, Richard	
STREET ADDRESS	1101 River Reach Dr. #411	
CITY-ST-ZIP	Fort Lauderdale, FL 33315	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lange, Robert	
STREET ADDRESS	1201 River Reach Dr. # 504	
CITY-ST-ZIP	Fort Lauderdale, FL 33315	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sweeney, Eugene	
STREET ADDRESS	900 River Reach Dr. #401	
CITY-ST-ZIP	Fort Lauderdale, FL 33315	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fatersik, John	
STREET ADDRESS	900 River Reach Dr. #217	
CITY-ST-ZIP	Fort Lauderdale, FL 33315	

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: 3/7/08 DAYTIME PHONE #: 954-600-6346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
40050291

**2008 - NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

SECOND PAGE

DOCUMENT # 717900
RIVER REACH, INCORPORATED

OFFICERS AND DIRECTORS		ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME	D <input type="checkbox"/> Delete LUEDERS, MARION	TITLE NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
STREET AND ADDRESS	1000 RIVER REACH DRIVE # 509	STREET AND ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
STREET AND ADDRESS		STREET AND ADDRESS	SMITH, RICHARD
CITY-ST-ZIP		CITY-ST-ZIP	1000 RIVER REACH DRIVE # 521 FORT LAUDERDALE, FL 33315
TITLE NAME	D <input checked="" type="checkbox"/> Delete	TITLE NAME	D <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
STREET AND ADDRESS	PIRTLE, GARY	STREET AND ADDRESS	LONG, RICHARD
CITY-ST-ZIP	1101 RIVER REACH DRIVE # 115 FORT LAUDERDALE, FL 33315	CITY-ST-ZIP	1101 RIVER REACH DRIVE # 509 FORT LAUDERDALE, FL 33315
TITLE NAME	D <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
STREET AND ADDRESS	CRAWFORD, KATHLEEN	STREET AND ADDRESS	
CITY-ST-ZIP	1301 River Reach Dr. #411 Fort Lauderdale, FL. 3315	CITY-ST-ZIP	
TITLE NAME	D <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
STREET AND ADDRESS	McCAULEY, SUSAN	STREET AND ADDRESS	
CITY-ST-ZIP	1350 RIVER REACH DR. #410 FORT LAUDERDALE, FL. 33315	CITY-ST-ZIP	
TITLE NAME	D <input type="checkbox"/> Delete	TITLE NAME	D <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
STREET AND ADDRESS	SCHAPER, ROBERT	STREET AND ADDRESS	
CITY-ST-ZIP	1350 RIVER REACH DRIVE # 501 FORT LAUDERDALE, FL. 33315	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: 

3/10/08 954-462-0346

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