


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90116 044 ****61.25

DOCUMENT # 743983

1. Entity Name
RIVERLAND WOODS HOMEOWNERS' ASSOCIATION, INC.




Principal Place of Business
**2521 WOODSIDE DR.
 FORT LAUDERDALE, FL 33312**

Mailing Address
**2521 WOODSIDE DR.
 FORT LAUDERDALE, FL 33312**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country Zip Country



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1872767

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~SERDA, WILLIAM M~~ **FRED BURESH**
~~2604 WOODSIDE DR.~~
FORT LAUDERDALE, FL 33312

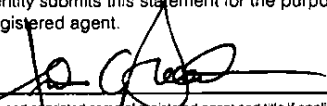
7. Name and Address of New Registered Agent

Name **FRED BURESH**

Street Address (P.O. Box Number is Not Acceptable)
2521 WOODSIDE DRIVE

City **FORT LAUDERDALE** FL Zip Code **33312**

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 **4/18/06**

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, 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	TD SERDA, WILLIAM 2601 WOODSIDE DR. FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURESH, FRED 2521 WOODSIDE DRIVE FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERKEY, JAY 2600 WOODSIDE DR. FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIESE, INNIE 2510 WOODSIDE DR. FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, EDIE 2440 WOODSIDE DR. FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY BO PETERSON 2570 WOODSIDE DR FORT LAUDERDALE	<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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHARLES GRIMSLEY 2421 WOODSIDE DR. FORT LAUDERDALE FL 33312	<input type="checkbox"/> Change <input checked="" 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 **4/17/06** DAYTIME PHONE # **954-581-8580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR