

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N14352 (1)

1. Corporation Name

HARBOUR POINTE AT RIVER BRIDGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

100 RIVER BRIDGE BLVD  
W PALM BEACH FL 33413  
US

Mailing Address

100 RIVER BRIDGE BLVD  
W PALM BEACH FL 33413  
US



3. Date Incorporated or Qualified

04/14/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLITZKY, EARL K.  
NEIGHBORHOOD MANAGEMENT SERVICES  
C/O 100 RIVER RIDGE BLVD  
W PALM BCH. FL 33413

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ADLER, ART	
STREET ADDRESS	502 HARBOUR POINTE WAY	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIVKIN, ROSILYN	
STREET ADDRESS	503 HARBOUR POINTE WAY	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOWER, LOIS	
STREET ADDRESS	501 HARBOUR POINTE WAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DOWER, FRAN	
STREET ADDRESS	511 HARBOUR PT WAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LONG, JERRY	
STREET ADDRESS	103 HARBOUR PT WAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LONG, JEROME	
1.3 STREET ADDRESS	103 Harbour Pointe Way	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33413	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rivkin, Rozilyn	
2.3 STREET ADDRESS	503 Harbour Pointe Way	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33413	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dower, Lois	
3.3 STREET ADDRESS	501 Harbour Pointe Way	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33413	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KITTLEBERGER, HOWARD	
5.3 STREET ADDRESS	909 Harbour Pointe Way	
5.4 CITY-ST-ZIP	W. Palm Beach, FL 33413	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000001863300	
6.3 STREET ADDRESS	-06/17/96--01023--028	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fran Dower Fran Dower, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

Daytime Phone #

CR2E037 (12/95)