

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90392 037 ****70.00

DOCUMENT #N14352

1. Entity Name
**HARBOUR POINTE AT RIVER BRIDGE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**C/O A & N MANAGEMENT SERVICES
1231 GONDOLA LN
BOYNTON BEACH, FL 33426 US**

Mailing Address
**C/O A & N MANAGEMENT SERVICES
1231 GONDOLA LN
BOYNTON BEACH, FL 33426 US**

40057388



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2678462

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKER, EDWARD ESQ.
DICKER, KIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE. SOUTH, SUITE 400
WEST PALM BEACH, FL 33409**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **DOWER, FRANCES**
STREET ADDRESS **1231 GONDOLA LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HERRINGTON, KATHLEEN**
STREET ADDRESS **2328 S. CONGRESS AVE., SUITE 2A**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **308 HARBOUR POINTE WAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33413**

TITLE **VPD** ☐ Delete
NAME **RIVKIN, ROSILYN**
STREET ADDRESS **1231 GONDOLA LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BARD, JILL**
STREET ADDRESS **1231 GONDOLA LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NORMILE, JOHN**
STREET ADDRESS **1231 GONDOLA LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MCLEOD, SANDRA**
STREET ADDRESS **1231 GONDOLA LANE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE ☐ Change ☒ Addition
NAME **BRIAN KLOEPFER**
STREET ADDRESS **209 HARBOUR POINTE WAY**
CITY-ST-ZIP **N. PALM BEACH FL 33413**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/06

561.732.0303

ATTACHMENT
40057388
114352

IF POSSIBLE, PLEASE ADD

MIKE PACE - D

201 HARBOUR POINT WAY
W. PALM BEACH FL 33413

LOU LUCCHESI - D

204 HARBOUR POINTE WAY
W. PALM BEACH, FL 33413

FOR A TOTAL OF 8 DIRECTORS