

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90045 010 ****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	
2. Principal Place of Business / No P.O. Box # 123 N. CONGRESS AVE Suite, Apt. #, etc. SUITE 123		3. Mailing Address 123 N. CONGRESS AVE Suite, Apt. #, etc. #123	
City & State BOYNTON BEACH, FL Zip 33426		City & State BOYNTON BEACH, FL Zip 33426	
Country PAIM BEACH		Country PAIM BEACH	
6. Name and Address of Current Registered Agent DICKER, EDWARD ESQ. DICKER, KIVOK & STOLOFF, P.A. 1818 AUSTRALIAN AVE. SOUTH, SUITE 400 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 <u>STEVE WORRALL</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/9/07</u> <small>(NOTE: Registered Agent signature required when reconstituting)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	SD DOWER, FRANCES 1231 GONDOLA LANE BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL PACE 201 HARBOUR POINTE WAY W. PALM BEACH FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRINGTON, KATHLEEN 308 HARBOUR POINTE WAY WEST PALM BEACH, FL 33413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Louis Lucchesi 204 HARBOUR POINTE WAY W. PALM BEACH FL 33413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIVKIN, ROSILYN 1231 GONDOLA LANE BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARD, JILL 1231 GONDOLA LANE BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMILE, JOHN 1231 GONDOLA LANE BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOEPFER, BRIAN 209 HARBOUR POINTE WAY WEST PALM BEACH, FL 33413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 <u>Frances L. Dower</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>04/10/07</u> <u>561.967.9080</u> <small>Date Daytime Phone #</small>	