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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

(8)N26219

THE ISLAND OF RIVER BRIDGE HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business

Mailing Address

2000 ISLAND MANOR DRIVE

2000 ISLAND MANOR DRIVE



WEST PALM I	BEACH FL 33413	WEST PALM BEACH FL	33413	-			
					3. Date Incorporated or Qualified 05/02/1988	3a. Date of Last F 04/14/19	
2. Principal Pla	ace of Business  15440 Marion Dovid 18440, EL 33413	2a. Mailing Address 26 WASTAIN	DEMANUEL DE	3413	4. FEI Number 65-0075186	<del></del>	pplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution	1 1	May Be to Fees
Zip	Country	Zip <b>29</b>	Country 30		8. This corporation has liability for in: Florida Statutes	tangible tax under s.	199.032,
4	25 g. Name and Address of Current	<u></u>	1301		10. Name and Address of New Re		
	g. Name and Address of Content	riogistorou rigent	81 Na	me			
CNICED	IOUN A					Ţ.	
SNEEP, JOHN A 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413			<b>82</b> Str	eet Address	ess (P.O. Box Number is Not Acceptable)  GG TSLAND Mirror Drive.		
			83	83			J.,,
ME21 L	ALM DEAUTIFE 33413		35				
			<b>84</b> Cit	у		FL 85 Zip	Code
	to the provisions of Sections 617,0502 a	1017 1000 Fb ::- 01-1 f-	. the should place	d someratio	on authorite this statement for the pure		agistered office
or register	to the provisions of Sections 617,0502 a red agent, or both, in the State of Florida ith, and accept the obligations of, Sectio	i. Such change was authorize	ed by the corporation	on's board o	of directors. I hereby accept the appoint	ntment as registered	agent. I am
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd tittle if applicable (NO	E Registered Agent signa	w behicpen shut		DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DEFELE	: 1.1 TITLE			Change	Addition
NAME	SNEEP, JOHN A		1.2 NAME				
STREET ADDRESS	2000 ISLAND MANOR DRIVE		1.3 STREET ADOR	ESS 10	99 ISLAND MANON DI	2145	
CITY-ST-ZIP	WEST PALM BEACH FL 33413		1.4 CITY - ST - ZIP				
TITLE	SD	DELETE	2 1 THELE			Change	Addition
	עני		2 1 11/11				
NAME	CASSON, ROSE B		22 NAME				
NAME STREET ADDRESS	I 77			iess (c	99 ISLAND MANING	Drut	
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STREET ADDRESS CITY - ST - ZIP	CASSON, ROSE B	<del>-</del>	22 NAME	ļ -		Dru 4E [PChange	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASSON, ROSE B 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413 TD CLARK, HAROLD 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413 D	<b>⊡</b> DELETE	2 2 NAME 2 3 STREET ADDR 2 4 CITY-ST-ZIF 3 1 TITLE 3 2 NAME 3 3 STREET ADDR 3 4. CITY-ST-ZIF	7. 4. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	D 1006EN, SYDNEY 149 I SHAMD MANDA D 1887 PALM PSEAUL FU WHES, CAROL	<b>G</b> Change 000F: 233413 GChange	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	CASSON, ROSE B 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413 TD CLARK, HAROLD 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413 D SNEEP, MIKE 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413 D O'DONOVAN, RAY 2000 ISLAND MANOR DRIVE	<b>©</b> DELETE	2 2 NAME 2 3 STREET ADDR 2 4 CITY-ST-ZIF 3 1 TITLE 3 2 NAME 3 3 STREET ADDR 3 4 CITY-ST-ZIF 4 1 TITLE 4 2 NAME 4 3 STREET ADDR 4 4 CITY-ST-ZIF 5 1 TITLE 5 2 NAME 5 3 STREET ADDR 5 4 CITY-ST-ZIF 6 1 TITLE 6 2 NAME	The sess 100 mess 100	D 1006EN, SYDNEY 199 I SHAND MANDA D 1887 PALM PSEAUL FE  WHES, CAROL 99 I SHAND MANDA 1887 PALM PEAUL, FE  UGGAN, LOUISIE 99 I SHAND WANDA 1887 PALM PEAUL, FE	Change  Daine  334/3  Change  Daine  334/3  Change	Addition
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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 unde 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, ex on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR