

# 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 # N26219 (8)**  
1. Corporation Name  
**THE ISLAND OF RIVER BRIDGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2000 ISLAND MANOR DRIVE  
WEST PALM BEACH FL 33413**

Mailing Address  
**2000 ISLAND MANOR DRIVE  
WEST PALM BEACH FL 33413**

2. Principal Place of Business <b>21 1099 ISLAND MANOR DRIVE WEST PALM BEACH, FL 33413</b>		2a. Mailing Address <b>26 1099 ISLAND MANOR DRIVE WEST PALM BEACH, FL 33413</b>		3. Date Incorporated or Qualified <b>05/02/1988</b>	3a. Date of Last Report <b>04/14/1995</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0075186</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>22</b>		City & State <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>29</b>		Country <b>30</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SNEEP, JOHN A 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413</b>		10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1099 ISLAND MANOR DRIVE. 83 84 City FL 85 Zip Code</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE <b>SNEEP, JOHN A 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS <b>1099 ISLAND MANOR DRIVE.</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE <b>CASSON, ROSE B 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS <b>1099 ISLAND MANOR DRIVE</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE <b>CLARK, HAROLD 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME <b>WOOGEN, SYDNEY</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>1099 ISLAND MANOR DRIVE WEST PALM BEACH, FL 33413</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>SNEEP, MIKE 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413</b>	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME <b>JONES, CAROL</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>1099 ISLAND MANOR DRIVE WEST PALM BEACH, FL 33413</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>O'DONOVAN, RAY 2000 ISLAND MANOR DRIVE WEST PALM BEACH FL 33413</b>	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME <b>DUGGAN, LOUISE</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>1099 ISLAND MANOR DRIVE WEST PALM BEACH, FL 33413</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		6.2 NAME <b>HADNESS, RAY</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>1099 ISLAND MANOR DRIVE WEST PALM BEACH, FL 33413</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:** John Sneep Pres. **4/9/96** **407-966-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN SNEEP PRES**

CR2E037 (12/95)