

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90037 048 ****61.25

DOCUMENT # N26219

1. Entity Name

THE ISLAND OF RIVER BRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2328 S. CONGRESS AVE.
 SUITE 2-A
 WEST PALM BEACH FL 33406
 US

Mailing Address

2328 S. CONGRESS AVE.
 SUITE 2-A
 WEST PALM BEACH FL 33406
 US

2. Principal Place of Business

1231 GONDOLA LANE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 244724

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **BOYNTON BEACH FL** City & State **BOYNTON BEACH, FL**

Zip **33426** Country **US** Zip **33424-4724** Country **US**

4. FEI Number **65-0075186**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPLAN, LOUIS ESQ
 SACHS SAX & KLEIN P.A.
 301 YAMATO ROAD, SUITE 4150
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRUSS SHELTON	
STREET ADDRESS	1039 ISLAND MANOR DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BECKER, LINDA	
STREET ADDRESS	1065 ISLAND MANOR DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, ENES	
STREET ADDRESS	1068 ISLAND MANOR DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, SAM	
STREET ADDRESS	1045 ISLAND MANOR DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALL, NICHOLAS	
STREET ADDRESS	1013 ISLAND MANOR DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sheldon Pruss* **Sheldon Pruss** 2/27/02 (561) 966-9586
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)