2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N26219

1. Entity Name
THE ISLAND OF RIVER BRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1231 GONDORA LANE BOYNTON BEACH, FL 33426 US	PO BOX 244724 BOYNTON BCH, FL 33424 US

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03072004 No Chg-NP CR2E037 (10/03)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000097197
032604-80030-003 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRUSS SHELDON
STREET ADDRESS	1039 ISLAND MANOR DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	TD
NAME	BECKER, LINDA
STREET ADDRESS	1065 ISLAND MANOR DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	SD
NAME	MARTIN, ENES
STREET ADDRESS	1068 ISLAND MANOR DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	D
NAME	ROGOW, JUDITH
STREET ADDRESS	1060 ISLAND MANOR DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	D
NAME	RUSSO, EUGENE
STREET ADDRESS	1033 ISLAND MANOR DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Linda L. Becker, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #