

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90152 021 \*\*\*\*\*70.00

**DOCUMENT # N26219**

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



Principal Place of Business  
**1231 GONDORA LANE  
BOYNTON BEACH FL 33426  
US**

Mailing Address  
**PO BOX 244724  
BOYNTON BCH FL 33424  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0075186**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **PRUSS SHELDON**  
STREET ADDRESS **1039 ISLAND MANOR DR**  
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **BECKER, LINDA**  
STREET ADDRESS **1065 ISLAND MANOR DR**  
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **MARTIN, ENES**  
STREET ADDRESS **1068 ISLAND MANOR DR**  
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **SMITH, SAM**  
STREET ADDRESS **1045 ISLAND MANOR DR**  
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **D** ☒ Change ☒ Addition  
NAME **Rogow, Judith**  
STREET ADDRESS **1060 Island Manor Dr.**  
CITY-ST-ZIP **West Palm Beach, FL 33413**

TITLE **D** ☒ Delete  
NAME **BALL, NICHOLAS**  
STREET ADDRESS **1013 ISLAND MANOR DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **D** ☒ Change ☐ Addition  
NAME **Russo, Eugene**  
STREET ADDRESS **1033 Island Manor Dr.**  
CITY-ST-ZIP **West Palm Beach, FL 33413**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 3/25/03 561.966.9586**

CR2E037 (10/02)