


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90155 033 ****61.25

DOCUMENT # N9200000840					
1. Entity Name THE SANCTUARY AT RIVER BRIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O ASSOCIATED PROPERTY MGMT 198 LAKE WORTH RD LAKE WORTH, FL 33461 US			Mailing Address C/O ASSOCIATED PROPERTY MGMT 198 LAKE WORTH RD LAKE WORTH, FL 33461 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0451660	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPRIO, CAROLE		NAME	SHAPIRO, CAROLE	
STREET ADDRESS	108 PRIVATE PLACE		STREET ADDRESS	108 PRIVATE PL.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, GAIL		NAME	DE LA GUERRA, RAMIRO	
STREET ADDRESS	100 PRIVATE PLACE		STREET ADDRESS	104 PRIVATE PL.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, BERNARD M		NAME	DERKATCH, KARLA	
STREET ADDRESS	100 PRIVATE PL		STREET ADDRESS	148 PRIVATE PL.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, ARNOLD		NAME		
STREET ADDRESS	50 WINDSOR PL		STREET ADDRESS		
CITY-ST-ZIP	CENTRAL ISLIP, NY 11722		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, JAMES		NAME		
STREET ADDRESS	156 PRIVATE PLACE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, GERALD		NAME		
STREET ADDRESS	132 PRIVATE PLACE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Bernard Goldstein</i> PRESIDENT		Date: 3/22/06		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

50009242



03022006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

\$8.75 Additional Fee Required

FL Zip Code

Filing Fee is \$61.25 Due by May 1, 2006

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

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SIGNATURE: *Bernard Goldstein* PRESIDENT

Date: 3/22/06

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date