


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90045 014 ****61.25

DOCUMENT # N92000000840					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03262008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0451660	
				Applied For <input type="checkbox"/> Not Applicable	
				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 _____ 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, 2008		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	SD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, CAROLE		NAME	DE LA GUERRA, CARMEN	
STREET ADDRESS	108 PRIVATE PL		STREET ADDRESS	104 PRIVATE PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, ARNOLD		NAME	GOLDSTEIN, BERNARD	
STREET ADDRESS	100 PRIVATE PL		STREET ADDRESS	100 PRIVATE PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERKATCH, KARLA		NAME	SILVERMAN, ARNOLD	
STREET ADDRESS	148 PRIVATE PL		STREET ADDRESS	50 WINDSOR PLACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	CENTRAL ISLIP, NY 11722	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, ARNOLD		NAME	MARSHALL, JAMES	
STREET ADDRESS	50 WINDSOR PL		STREET ADDRESS	156 PRIVATE PLACE	
CITY-ST-ZIP	CENTRAL ISLIP, NY 11722		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL, JAMES		NAME	ROMANO,	
STREET ADDRESS	156 PRIVATE PLACE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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>Carmen De La Guerra</i>			CARMEN DE LA GUERRA <i>4/18/08</i> (561)963-9811		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		