


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005711 (6)**

1. Corporation Name
SOUNDINGS HOMEOWNERS' ASSOCIATION AT RIVER BRIDGE, INC.



Principal Place of Business 100 RIVER BRIDGE BLVD WEST PALM BEACH FL 33413	Mailing Address 100 RIVER BRIDGE BLVD WEST PALM BEACH FL 33413-2029
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3. Date Incorporated or Qualified 11/14/1994	3a. Date of Last Report 08/22/1996
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2. Principal Place of Business 21	2a. Mailing Address 28	4. FEI Number 65-0610168	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**OLITZKY, EARL K
NEIGHBORHOOD MANAGEMENT SERVICES
100 RIVER BRIDGE BLVD
WEST PALM BEACH FL 33413**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEISLEY, RICHARD	1.2 NAME	
STREET ADDRESS	4 HARVARD CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, CAROLINE	2.2 NAME	
STREET ADDRESS	4 HARVARD CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTZER, HAROLD	3.2 NAME	
STREET ADDRESS	4 HARVARD CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, MARK	4.2 NAME	
STREET ADDRESS	4 HARVARD CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Simon, Frank
STREET ADDRESS		5.3 STREET ADDRESS	2231 Soundings Court
CITY-ST-ZIP		5.4 CITY-ST-ZIP	West Palm Beach, Fl 33413
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard M. Welch **3/7/97** (561) 471-3440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041113

CP2E037 (9/96)