

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90057 006 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <b>N94000005711</b>

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
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2. Principal Place of Business 21 <b>2328 S. Congress Ave</b> Suite, Apt. #, etc. 22 <b>2A</b> City & State 23 <b>West Palm Beach FL</b> Zip Country 24 <b>33406</b> 25 <b>PB</b>	2a. Mailing Address 26 <b>2328 S. Congress Ave</b> Suite, Apt. #, etc. 27 <b>2A</b> City & State 28 <b>West Palm Beach FL</b> Zip Country 29 <b>33406</b> 30 <b>PB</b>	3. Date Incorporated or Qualified <b>11/14/1994</b> 4. FEI Number <b>65-0610168</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 **Simon, Frank**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2231 Soundings Ct**  
 83  
 84 City **West Palm Beach** FL 85 Zip Code **33413**

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 FRANK J. SIMON, PRESIDENT DATE 3/22/99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SNEEP, JOHN	
STREET ADDRESS	4 HARVARD CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DICKINSON, CAROLINE	
STREET ADDRESS	4 HARVARD CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHOSNEK, IVAN	
STREET ADDRESS	100 RIVER BRIDGE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, THOMAS	
STREET ADDRESS	4 HARVARD CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMON, FRANK	
STREET ADDRESS	2231 SOUNDING COURT	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Simon, Frank	
1.3 STREET ADDRESS	2231 Soundings Ct.	
1.4 CITY-ST-ZIP	West Palm Beach, Florida 33413	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Borowski, Michael	
2.3 STREET ADDRESS	2204 Soundings Ct.	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33413	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Simon, Ellen	
3.3 STREET ADDRESS	2231 Soundings Ct.	
3.4 CITY-ST-ZIP	West Palm Beach, Florida 33413	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STACKLER, DR. JOSEPH	
4.3 STREET ADDRESS	2215 SOUNDINGS CT	
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SARLEY, STEVEN	
5.3 STREET ADDRESS	2228 SOUNDINGS CT	
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	N/A	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REPRODUCED DATE 3/22/99 DAYTIME PHONE # 561-357-1021  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR