

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90059 017 ****61.25

DOCUMENT # N94000005711

1. Entity Name

SOUNDINGS HOMEOWNERS' ASSOCIATION AT RIVER BRIDG

Principal Place of Business

Mailing Address

2328 S. CONGRESS AVE
 #2A
 WEST PALM BEACH FL 33406

2328 S. CONGRESS AVE
 #2A
 WEST PALM BEACH FL 33406-7674

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

65-0610168

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, FRANK
2231 SOUNDINGS CT
WEST PALM BEACH FL 33413

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SACKLER, JOSEPH DR.	
STREET ADDRESS	2215 SOUNDINGS CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOROWSKI, MICHAEL	
STREET ADDRESS	2204 SOUNDINGS CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SIMON, ELLEN	
STREET ADDRESS	2231 SOUNDINGS CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMON, FRANK	
STREET ADDRESS	2231 SOUNDINGS CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	D	<input type="checkbox"/> Delete
NAME	SARLEY, STEVEN	
STREET ADDRESS	2228 SOUNDINGS CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Tenzel, Patricia	
STREET ADDRESS	2220 Soundings Ct.	
CITY-ST-ZIP	W.P.B. FL 33413	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harris, ADA	
STREET ADDRESS	2217 Soundings Ct.	
CITY-ST-ZIP	W.P.B. FL 33413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)