

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90117 047 ****61.25

DOCUMENT # N9400005711
1. Entity Name
 SOUNDINGS HOMOENWERS' ASSOCIATION AT RIVER BRIDGE, INC.

Principal Place of Business **Mailing Address**
 2994 Jog Road
 Suite B
 Greenacres, FL 33467

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

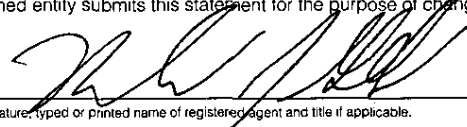
4. FEI Number
 65-0610168
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Frank Simon
 2231 Soundings Court
 West Palm Beach, FL 33413

7. Name and Address of New Registered Agent
 Name: ~~Michael J. Gelfand~~
 Street Address (P.O. Box Number is Not Acceptable):
 One Clearlake Centre, Suite 1010
 250 S. Australian Avenue
 City: West Palm Beach **FL** Zip Code: 33401

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  **DATE** 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D	Frank Simon	2231 Soundings Court	West Palm Beach, FL 33413	<input type="checkbox"/>
V/D	Patricia Tenfel	2220 Soundings Court	West Palm Beach, FL 33413	<input type="checkbox"/>
V/D	Ada Harris	2217 Soundings Court	West Palm Beach, FL 33413	<input type="checkbox"/>
S/D	Michael Borowski	2204 Soundings Court	West Palm Beach, FL 33413	<input type="checkbox"/>
D	Steven Sarley	2228 Soundings Court	West Palm Beach, FL 33413	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: FRANK SIMON **Date** 4-6-01 **Daytime Phone #** 561 641 1076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)