

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90179 048 ****61.25

DOCUMENT # N94000005711

1. Entity Name

**SOUNDINGS HOMEOWNERS' ASSOCIATION AT RIVER BRIDG
 E, INC.**

Principal Place of Business

Mailing Address

2994 JOG ROAD
 SUITE B
 GREENACRES FL 33467

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 SUITE B
 GREENACRES FL 33467

BD080501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

GELFAND, MICHAEL J
ONE CLEARLAKE CENTRE, SUITE 1010
250 S. AUSTRALIAN AVENUE
WEST PALM BEACH FL 33401

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 NAME	TD HARRIS, ADA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2217 SOUNDINGS CT WEST PALM BEACH FL 33413	
TITLE NAME	SD BOROWSKI, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2204 SOUNDINGS CT WEST PALM BEACH FL 33413	
TITLE NAME	VD TENFEL, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2220 SOUNDINGS CT WEST PALM BEACH FL 33413	
TITLE NAME	PD SIMON, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2231 SOUNDINGS CT WEST PALM BEACH FL 33413	
TITLE NAME	D SARLEY, STEVEN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2228 SOUNDINGS CT WEST PALM BEACH FL 33413	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: FRANK J. SIMON, PRES.

4/15/02

561-357-1021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)