

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90012 008 ****61.25

DOCUMENT # N94000005711

1. Entity Name

SOUNDINGS HOMEOWNERS' ASSOCIATION AT RIVER BRIDGE, INC.



Principal Place of Business

2994 JOG ROAD
 SUITE B
 GREENACRES FL 33467

Mailing Address

2994 JOG ROAD
 SUITE B
 GREENACRES FL 33467

04010377



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRIS, ADA	
STREET ADDRESS	2217 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	VP	<input checked="" type="checkbox"/> Delete
NAME	WELLMAN, ROBERT	
STREET ADDRESS	2219 SOUNDINGS CT.	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, ROGER	
STREET ADDRESS	2222 SOUNDINGS CT.	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SARLEY, STEVEN	
STREET ADDRESS	2228 SOUNDINGS CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRISCOLL, CHARLES	
STREET ADDRESS	2246 SOUNDINGS CT.	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLMAN, ROBERT	
STREET ADDRESS	2219 SOUNDINGS CT	
CITY-ST-ZIP	W.P. BCH. FL 33413	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, ELLEN	
STREET ADDRESS	2231 SOUNDINGS CT.	
CITY-ST-ZIP	W.PALM BCH FL 33413	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENTHAL, EDWARD	
STREET ADDRESS	2210 SOUNDINGS CT.	
CITY-ST-ZIP	W.PALM BCH. FL 33413	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLINE, CAROL ANN	
STREET ADDRESS	2240 SOUNDINGS CT.	
CITY-ST-ZIP	W.PALM BCH. FL 33413	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTAVSSON, BERTIL	
STREET ADDRESS	2216 SOUNDINGS CT	
CITY-ST-ZIP	W.PALM BCH. FL 33413	
TITLE		<input type="checkbox"/> Change <input 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/4

Date

432-7560

Daytime Phone #