


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90022 028 ****61.25

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1. Entity Name
SOUNDINGS HOMEOWNERS' ASSOCIATION AT RIVER BRIDGE, INC.



Principal Place of Business
**2950 JOG ROAD
 GREENACRES, FL 33467**

Mailing Address
**2950 JOG ROAD
 GREENACRES, FL 33467**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40053040



01082008 Chg-NP CR2E037 (12/06)

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

Filing Fee is \$61.25 Due by May 1, 2008

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 D	NAME SILVERMAN, AL	STREET ADDRESS 2226 SOUNDING CT	CITY-ST-ZIP WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Delete
TITLE SD	NAME BOROWSKI, MICHAEL	STREET ADDRESS 2204 SOUNDINGS CT	CITY-ST-ZIP WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete
TITLE VP	NAME SIMON, ELLEN	STREET ADDRESS 2231 SOUNDINGS CT.	CITY-ST-ZIP WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete
TITLE PD	NAME ROSENTHAL, EDWARD	STREET ADDRESS 2210 SOUNDINGS CT.	CITY-ST-ZIP WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete
TITLE D	NAME CLINE, CAROL ANN	STREET ADDRESS 2240 SOUNDINGS CT.	CITY-ST-ZIP WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Delete
TITLE T	NAME REISS, KENNY	STREET ADDRESS 2211 SOUNDINGS CT	CITY-ST-ZIP WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Ken REISS	NAME Ken REISS	STREET ADDRESS 2211 SOUNDINGS COURT	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME Suzanne Calenciar	STREET ADDRESS 2222 SOUNDINGS COURT	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Edward Rosenthal **Edward Rosenthal** **President** **3/14/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #