

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 16, 2009  
Secretary of State**

DOCUMENT# N94000005711

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

**Current Principal Place of Business:**

2950 JOG ROAD  
GREENACRES, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

2950 JOG ROAD  
GREENACRES, FL 33467

**New Mailing Address:**

**FEI Number:** 65-0610168      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: REISS, KEN  
Address: 2211 SOUNDINGS COURT  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: SD ( ) Delete  
Name: SUZANNE, CALENDAR  
Address: 2222 SOUNDINGS COURT  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VP ( ) Delete  
Name: SIMON, ELLEN  
Address: 2231 SOUNDINGS CT.  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: PD (X) Delete  
Name: ROSENTHAL, EDWARD  
Address: 2210 SOUNDINGS CT.  
City-St-Zip: WEST PALM BEACH, FL 33413

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SUZANNE, CALENDAR  
Address: 2222 SOUNDINGS COURT  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: P (X) Change ( ) Addition  
Name: BOROWSKI, MICHAEL  
Address: 2204 SOUNDINGS COURT  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BOROWSKI

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date