

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90177 001 ****61.25

DOCUMENT # N95000000248

1. Entity Name

**SOUTHPOINTE HOMEOWNER'S ASSOCIATION AT RIVER
BRIDGE, INC.**



Principal Place of Business

2994 JOG RD
SUITE B
GREENACRES FL 33467

Mailing Address

2994 JOG RD
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

65-0610171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELFAND, MICHAEL J ESQ.
ONE CLEARLAKE CENTRE, SUITE 1010
250 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33401-5014

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **REICH, HOWARD**
STREET ADDRESS **2715 POINTE CIR**
CITY-ST-ZIP **W. PALM BEACH FL 33413**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **VOGEL, JERRY**
STREET ADDRESS **2751 POINTE CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ORLOFF, TOM**
STREET ADDRESS **2727 POINTE CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33715**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **JULES, ERWIN**
STREET ADDRESS **2718 POINTE CIRCLE**
CITY-ST-ZIP **W PALM BEACH FL 33413**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **LIND, DONALD**
STREET ADDRESS **2732 POINTE CIR**
CITY-ST-ZIP **W PALM BEACH FL 33413**

TITLE ☐ Change ☒ Addition
NAME **A Speck Michael**
STREET ADDRESS **2725 Pointe Cir**
CITY-ST-ZIP **West Palm Beach FL 33413**

TITLE **(S)** ☐ Delete
NAME **STEIN, LEN**
STREET ADDRESS **2745 POINTE CIR**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☒ Change ☐ Addition
NAME **TRABASURRA**
STREET ADDRESS **Stein, Len**
CITY-ST-ZIP **2745 Pointe Cir**
West Palm Beach FL 33413

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

4/3/06 561 3527473