2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90225 042 ****61.25

DOCUMENT # N95000000248

1. Entity Name
SOUTHPOINTE HOMEOWNER'S ASSOCIATION AT RIVER BRIDGE, INC.

Principal Place of Business	Mailing Address
2994 JOG RD SUITE B GREENACRES, FL 33467	2994 JOG RD SUITE B GREENACRES, FL 33467

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2950 JOG RD	2950 JOG RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greenacres, FL	City & State: Greenacres, FL
Zip: 33467 Country: US	Zip: 33467 Country: US

01262007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0610171 — 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 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

Filing Fee is $61.25
Due by May 1, 2007

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	TITLE	☐ Change ☐ Addition
NAME	REICH, HOWARD	NAME	
STREET ADDRESS	2715 POINTE CIR	STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH, FL 33413	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VOGEL, JERRY	NAME	
STREET ADDRESS	2751 POINTE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ORLOFF, TOM	NAME	
STREET ADDRESS	2727 POINTE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33715	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JULES, ERWIN	NAME	
STREET ADDRESS	2718 POINTE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 33413	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SPECK, MICHAEL	NAME	
STREET ADDRESS	2725 PT CIR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEIN, LEN	NAME	
STREET ADDRESS	2745 POINTE CIR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413	CITY-ST-ZIP	

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: Howard Reich - Howard Reich - Pres 4/19/07 561 357 7473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #