


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90097 016 \*\*\*\*61.25

<b>DOCUMENT # N95000000248</b> 1. Entity Name <b>SOUTHPOINTE HOMEOWNER'S ASSOCIATION AT RIVER BRIDGE, INC.</b>	
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40003401



Principal Place of Business 2950 JOG RD. GREENACRES, FL 33467	Mailing Address 2950 JOG RD. SUITE B GREENACRES, FL 33467
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0610171	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GELFAND, MICHAEL J ESQ. ONE CLEARLAKE CENTRE, SUITE 1010 250 SOUTH AUSTRALIAN AVENUE WEST PALM BEACH, FL 33401-5014	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REICH, HOWARD 2715 POINTE CIR W. PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VOGEL, JERRY 2751 POINTE CIRCLE WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLOFF, TOM 2727 POINTE CIRCLE WEST PALM BEACH, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JULES, ERWIN 2718 POINTE CIRCLE W PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPECK, MICHAEL 2725 PT CIR WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEIN, LEN 2745 POINTE CIR WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/08 561 357 7473